Management Sciences for Health/ Health Commodities and Services Management Program (MSH/HCSM) Work Plan: 1st October 2012-30th September 2013

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Health Commodities and Services Management Program
Center for Pharmaceutical Management
Management Sciences for Health
ACK Garden House, 6th Floor, Wing B
1st Avenue, Ngong Road, Off Bishops Road
Phone: 254-20-2714839
Fax: 254-20-2736981

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About MSH/HCSM

The MSH/HCSM Program strives to build capacity within Kenya to effectively manage all aspects of health commodity management systems, pharmaceutical and laboratory services. MSH/HCSM focuses on improving governance in the pharmaceutical and laboratory sector, strengthening pharmaceutical management systems and financing mechanisms, containing antimicrobial resistance, and enhancing access to and appropriate use of medicines and related supplies.

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Center for Pharmaceutical Management
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1st Avenue, Ngong Road, Off Bishops Road
P.O Box 8700-00100, Nairobi, Kenya
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CONTENTS

ACRONYMS

ADR	Adverse Drug Reaction
ADT	ARV Dispensing Tool
AIDS	Acquired Immune Deficiency Syndrome
AMPATH	Academic Model Providing Access to Health
AL	Artemether-Lumefantrine
AMU	Appropriate Medicine Use
AOP	Annual Operational Plan
APHIA	AIDS Population and Health Integrated Assistance (project)
ART	Antiretroviral Therapy
ARV	Antiretroviral (drug)
CDC	(U.S) Centers for Disease Control and Prevention
CHAI	Clinton Health Access Initiative
CHS	Centre for Health Solutions
CPD	Continuing Professional Development
DANIDA	Danish International Development Agency
DHMT	District Health Management Team
DLTLD	Division of Leprosy, Tuberculosis and Lung Diseases
DOMC	Division of Malaria Control
DON	Department of Nursing
DOP	Department of Pharmacy
DRH	Division of Reproductive Health
EMMS	Essential Medicines and Medical Supplies
FBO	Faith Based Organization
FP	Family Planning
F&Q	Forecasting and Quantification
GOK	Government of Kenya
HCSM	Health Commodities and Services Management (program)
HIV	Human immunodeficiency virus
HIS	Health Information Systems
HMT	Hospital Management Team
HSS	Health System Strengthening
ICAP	International Centre for AIDS Care and Treatment Programs
ICC	Inter Agency Coordinating Committee
IEC	Information Education and Communication
IMC	International Medical Corps
ITT	Inventory Tracking Tool
KEMSA	Kenya Medical Supplies Agency
KMTC	Kenya Medical Training College
KNPP	Kenya National Pharmaceutical Policy
KPA	Kenya Pharmaceutical Association
KSP	KEMSA Support Program
PSK	Pharmaceutical Society of Kenya
LMIS	Logistics Management Information System
LMU	Logistics Management Unit

MIS	Management Information System
MOH	Ministries of Health
MOMS	Ministry of Medical Services
MOPHS	Ministry of Public Health and Sanitation
MSH	Management Sciences for Health
MTC	Medicines and Therapeutics Committee
M&E	Monitoring and Evaluation
NASCOP	National AIDS & STI Control Program
NBTS	National Blood Transfusion Services
NGO	Non Governmental Organization
NHSSP	National Health Sector Strategic Plan
NMTC	National Medicines and Therapeutics Committee
NPHLS	National Public Health Laboratory Services
NQCL	National Quality Control Laboratory
OR	Operation Research
OJT	On the Job Training
PHC	Primary Health Care
PHMT	Provincial Health Management Team
PHP	Public Health Programs
PMI	President's Malaria Initiative
PMIS	Pharmaceutical Management Information System
PMS	Post Marketing Surveillance
PPB	Pharmacy & Poisons Board
PQMP	Poor Quality Medicinal Product
PSC-ICC	Procurement and Supply Chain Interagency Coordinating Committee
RDT	Rapid Diagnostic Test
PSK	Pharmaceutical Society of Kenya
RTK	Rapid Test Kits
PV	Pharmacovigilance
QA	Quality assurance
QC	Quality Control
OI	Opportunistic Infections
QoC	Quality of Care
RDT	Rapid Diagnostic Test (kits)
RH	Reproductive Health
RTK	(HIV) Rapid test kits
SADR	Suspected Adverse Drug Reaction
SCOC	Supply Chain Oversight Committee
SDP	Service Delivery Point
SOP	Standard Operating Procedure
TA	Technical Assistance
TB	Tuberculosis
ToR	Terms of Reference
TOT	Training of Trainers
TWG	Technical Working Group
UON	University of Nairobi

USAID	U.S Agency for International Development
USG	United States Government
WHO	World Health Organization

BACKGROUND

U.S Agency for International Development (USAID) is a key partner and player in supporting the Government to deliver quality health care to all Kenyans. The focus and scope of this support is elaborated in its five year implementation framework for the health sector[1] with the strategic objective of improving health outcomes and impact through sustainable, country-led programs and partnerships. Overall, this framework is designed to create an enabling environment , structures and supporting systems so that high quality services can be delivered in the most effective and efficient manner.

The Government of Kenya's (GoK) stated goal for the health sector is to facilitate the 'attainment of the highest possible health standards in a manner responsive to the population needs' through provision of equitable, affordable and quality health and related services[2]. This is aligned to country's long term vision for health outlined in the *Kenya Vision 2030*[3] document and the new constitution which seek to improve the overall health standards and well-being of Kenyans and entrench access to health as a human right. However, the health system in Kenya is faced by a myriad of challenges evidenced by the decline in life expectancy estimated at 45.2 years in 2010[4] and worsening or stagnation of various health indicators. However, progress has been achieved in some specific areas including maternal and child health, HIV/AIDS prevention, Tuberculosis control and Malaria related mortality. Generally, service provision in Kenya is severely constrained by a number of elements including inadequate human resources, poor infrastructure and access to health products and technologies. There are great inequalities in the availability and utilization of health services in Kenya due to these constraints and the challenge facing the government is how to reverse this trend.

To address these challenges, the Government of Kenya has initiated important health sector reforms described in the previous health sector strategic plan- the NHSSP II and the recently formulated Kenya Health Policy 2012-2013 and the Kenya Health Sector Health Strategic Plan (July 2012- June 2017) currently being finalized. Key policy orientations addressed include service delivery, health infrastructure, access to health products and technologies and health workforce issues. A multi-sectoral approach which involves and defines the roles of various stakeholders-consumers, non-state actors and state actors at the national and regional levels has been adopted.

The MSH/HCSM program goal is to build capacity within the Kenya health system for effective management of health commodities at all levels and for the delivery of quality pharmaceutical and laboratory services. Awarded in April 2011 and running through to March 2016, the program is designed to contribute to strengthening health systems for sustainable quality services component of the USAID/Kenya implementation framework for the health sector.

[1] USAID/Kenya Five year Implementation Framework for the Health Sector (2010-2015) USAID/Kenya January 2010
[2] Kenya National Health Policy 2012-2030. Ministry of Medical Services & Ministry of Public Health and Sanitation. 2012
[3] Kenya Vision 2030. Government of Kenya
[4] WHO 2010 World Health Statistics

STRATEGIC APPROACH

A. Problem Statement

In Kenya, access to health products and technologies, from programmatic commodities [HIV/AIDS, Malaria, Tuberculosis and Reproductive Health] to other essential medicines and medical supplies- continue to be a big challenge constraining delivery of health services at all levels of the health system. The problem is aggravated by inappropriate use of the available commodities, system-wide service delivery challenges and overall weak governance structures resulting in poor leadership and coordination especially within the pharmaceutical and laboratory sub-sectors of the health system in the public sector.

There is a lack of a comprehensive, integrated health commodity logistics management information system (LMIS) strategy in Kenya, with multiple, vertical subsystems. Despite increased funding and efforts of the GoK and various development partners in management information systems (MIS), Kenya still lacks one national strategy towards a harmonized LMIS. The current situation shows continued low commodity reporting rates, poor quality of reports, lack of coordination among various key stakeholders, and challenges with data management at national/central and peripheral level.

B. Approach

The goal of the MSH/HCSM program is to address the above challenges by strengthening commodity management systems at all levels. Overall, the program has adopted a systems strengthening approach based on the implementation model developed by MSH (see illustration in Figure 1 below). This Health System Strengthening (HSS) Implementation model seeks to improve local capacity to lead and manage service delivery and health commodity management through the transformation of data generated from priority health assessments and health systems options analysis to support evidence-based interventions and strategies for improved access and system performance. This is augmented by adoption of the MSH capacity-building model in the design and implementation these interventions for sustainable health systems strengthening (Illustrated in Figure 2 below).

The focus areas which are further elaborated below in the HCSM result framework are:

- Commodity Management Support for Ministry of Medical Services (MOMS)/Ministry of Public Health and Sanitation (MOPHS) and Health Facilities
- Support to Pharmaceutical Policy and Service Delivery
- Support to Laboratory Governance, Commodity Security, and Service Delivery (implemented in collaboration with CDC-funded Laboratory support program implemented through MSH

Ensuring national commodity security is a priority for the Ministries of Health with support from key donors and other stakeholders. HCSM will target the national level coordinating units to comprehensively build capacity for forecasting and quantification, pipeline monitoring and overall stewardship for commodity security. Emphasis will be to build capacity for evidence

based decision making, and ensure the MoH takes overall lead in all initiatives that address commodity security.

The development of a functional, national integrated logistics management information system (LMIS) is a key focus area for the HCSM Program during this 2012-2013 workplan period and is a cross-cutting activity across the three HCSM focus areas. HCSM will work with the Ministries of Health, key departments (KEMSA, HIS, DOP, DON, NPHLS, etc), priority health programs, APHIAplus, and other key partners and stakeholders (Kenya Pharma, Afya Info, KSP, CHAI), to support an integrated LMIS system for all health commodities which ensures that quality data from the facility level is able to be collected and shared at the other levels in the health system in a timely manner and used for decision making.

The approach will be two-pronged, at the national/central level, working with the GoK to harmonize the overall system, whereas at the peripheral level, improving data flow and quality. Firstly, the GoK needs support in integrating the various existing systems, in taking ownership of the data, and using the data for decision-making. Building on the activities of various partners in the last few years, HCSM will lead efforts to develop a national level strategy for the LMIS, which links appropriately to the existing DHIS system and other key functional systems. A comprehensive MIS strategy will be developed through key stakeholder workshops which will include 1) mapping stakeholders, analyzing their roles and levels of influence in the MIS system; 2) defining the commodity and information flow, generating consensus on the concept of LMIS, indicators and data sources; 3) identifying the gaps in the current system; 4) consensus on a roadmap towards having a national health supply chain data management improvement strategic plan, including the coordination and stewardship structures for the national LMIS. A national technical working group (TWG) of key stakeholders will then review the current system with regards to the flow of commodities, information and cost-effectiveness, identify potential options for improving the efficiency of the commodity and information flow processes; and provide recommendations for overall systems improvement including potential areas of integration, e.g. data collections systems and reporting channels/formats. This TWG will be supported by HCSM to begin implementing the needed changes on the national level. This will be a considerable challenge and this activity likely will extend into at least the next workplan.

Secondly, at the peripheral level, the bottlenecks for commodity and information flows need to be reviewed and removed, while data quality needs to be improved. Building on the progress made in the first year workplan, in which HCSM, in collaboration with GoK departments, supported rollout of commodity management interventions and deployed facility level tools such as manual tools and electronic tools e.g. ADT, ITT to over 50 districts, HCSM will concentrate on scaling up another 70 districts, while maintaining the initial 50 districts. The manual tools have already been adopted by the MOH. The electronic tools such as ADT have already started being mainstreamed into the NASCOP program.

The focus activities in improving the LMIS are detailed in this workplan within the three priority areas, in activity 2: strengthening peripheral commodity MIS in eight regions, activity 8: supporting review of central level MoH health commodity MIS, activity 18: development of a national management information system (MIS) that incorporates all health commodities and

related services, and activity 20: strengthening laboratory MIS to improve commodity usage reporting and feedback.

Building on the previous work plan and achievements and drawing on lessons learnt, HCSM will continue implementing interventions at both the central and peripheral level. At the central level, the program will continue supporting MOPHS/MOPHS, priority health programs and government agencies to strengthen health systems for supply management and commodity security. In addition, the program will also support the on-going initiatives to review the policy and legal frameworks for the health and pharmaceutical sectors. In providing TA at this level, HCSM will leverage with the Ministries of Health, donor organization, implementing partners and other stakeholders in the prioritization and implementation of interventions. The program will also take into account the evolving priorities, restructuring and reorganization occasioned by the implementation of the new constitution and devolution and the new national health policy framework.

At the peripheral level, HCSM is collaborating with regional stakeholders and implementing partners such as DANIDA, USAID and CDC funded implementing partners to cascade implementation of interventions. The program will build on the already established relationships with these regional stakeholders to fast-track and sustain activity implementation. Specifically, HCSM will work with *APHIAPlus* service delivery teams as outlined in the table below (Section D) to implement health system strengthening initiatives guided by policy directions and anchored on activities at central level.

The focus at this level is to improve management, use and accountability for health commodities through establishment and support for appropriate oversight mechanisms and capacity building of facility-level staff. The program will continue to use mentorship, on-the-job training and the Monitoring-Training-Planning (MTP) quality improvement approaches for institutional and individual capacity building and skill transfer.

Using a systematic, phased scale-up approach, the program will roll-out interventions to cover an additional 70 districts from the 50 priority districts covered in the first 18 months. In addition, within each region selected model sites (centres of excellence) have been selected in collaboration with MOH and regional partners for enhanced support, to serve as learning and mentorship sites and to demonstrate the impact of HCSM support.

For the initial 50 districts, HCSM will sustain activity implementation using existing systems that incorporates champions, TOTS and mentors with leveraged support from regional stakeholders. For the additional 70 districts and district stores where applicable, HCSM will embrace a targeted approach comprising a standardized package of interventions which entails the following:

1. ***Commodity Security***- Strengthen the capacity of Provincial Health Management Teams (PHMT) and District Health Management Teams (DHMT) for commodity management and security through the establishment and support for provincial & district commodity security technical oversight committees.

2. ***Commodity management***- Strengthen the capacity of facility staff to manage commodities appropriately through capacity building, mentorship, OJT utilizing TOTs and champions to improve on quantification, inventory management and use of LMIS tools and reporting. Additionally, there will be dissemination of key commodity management tools- job aids, SOPs, manuals and reporting tools.

3. ***Supportive supervision*** - Strengthen the technical and operational capacity of PHMTs and DHMTs for supportive supervision including provision of integrated tools and support for quarterly facility visits/missions

4. ***Oversight and accountability at Primary Health Care (PHC) level***- Strengthen the capacity of health facility management committees to provide oversight and improve on commodity accountability

5. ***Pharmaceutical services***- support dissemination, promote use and monitor compliance to national and program specific guidelines, Standard Operating Procedures (SOP); support for establishment of functional Medicines and Therapeutics Committees (MTC)

6. ***Medicines quality assurance and pharmacovigilance***- support orientation of facility staff on PV, dissemination of tools and support Pharmacovigilance (PV) data acquisition, information management and use

Under this work plan, MSH/HCSM will continue to build on existing systems using the following core principles and approaches as elaborated in the technical proposal for the program.

- Promote country led and country owned initiatives.

- Build local capacity for improved pharmaceuticals and laboratory management and use of innovative approaches.

- Adapt and implement proven pharmaceutical and laboratory management tools and approaches and bring them to scale. Specifically, HCSM will use a continuous quality approach (MTP) with follow-up of activity implementation and documentation of results

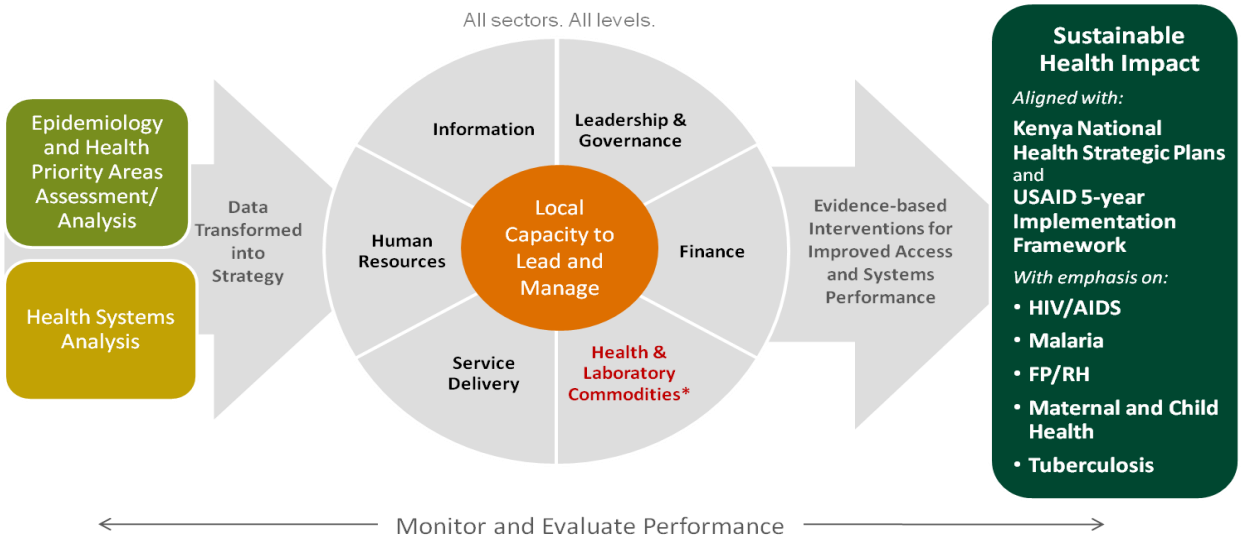
- Promote integration of approaches and tools for pharmaceutical and laboratory sub-sectors across public health programs.

- Engage the private sector and professional bodies to strengthen both pharmaceutical and laboratory management systems in support of public health goals.

- Promote new concepts in pharmaceutical management and services (such as pharmaceutical care and pharmacovigilance) and laboratory management and services (e.g. integrated laboratory networking and local QA) to complement commodity security and supply chain strengthening activities.

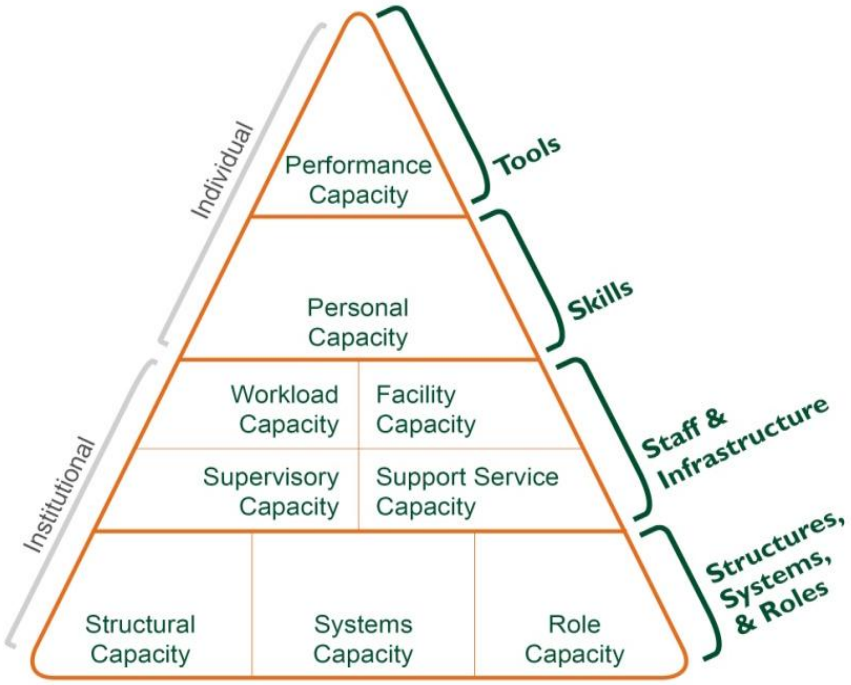
- Facilitate adoption of new health technologies and innovative strategies to support scale up and expansion of treatment services.
- Build on existing and new collaboration and linkages with stakeholders, donors, and implementing partners to scale up interventions; develop strategic partnerships that promote harmonization of technical strategies and coordination of donor inputs.
- Use the combined expertise of Management Sciences for Health (MSH) projects in Kenya to build synergies and obtain a holistic approach to interventions.
- Health sector wide systems strengthening for commodity management and services to include both FBO and private sector.

Figure 1: Health Systems Strengthening Implementation Model



* Includes medicines, medical products, vaccines, reagents and technologies. It also includes all other laboratory and pharmaceutical systems elements including procurement, logistics, pharmaceutical management and so on.

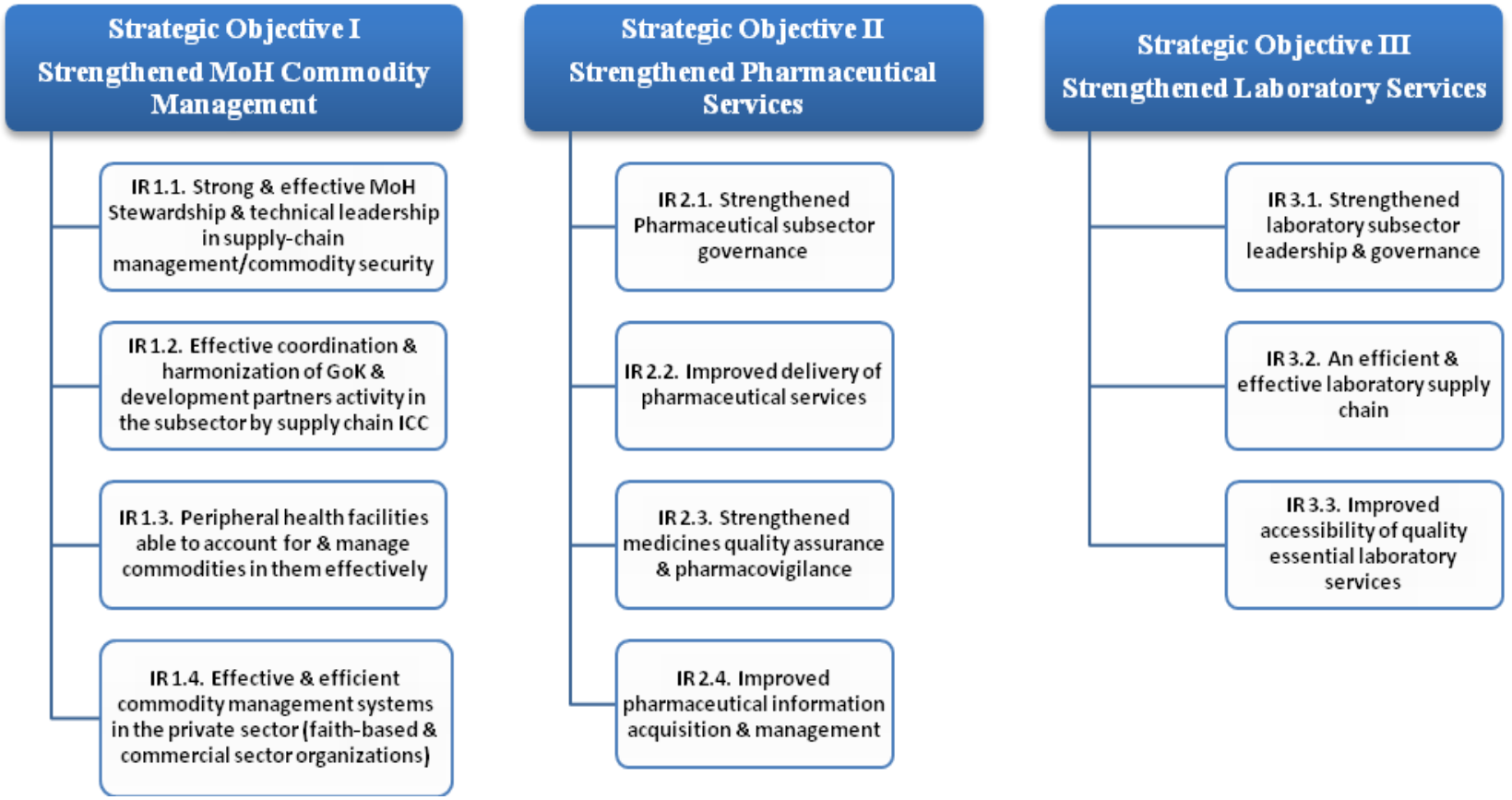
Figure 2: MSH Capacity Building Model



Potter, C., and R. Brough. 2004. Systemic Capacity Building: A Hierarchy of Needs. *Health Policy and Planning.* 19(5): 336-345.

C. Results Framework

The HCSM results framework below portrays the relationships between the key outcomes and impact expected from successful program implementation. Our interventions and indicators are derived from this results framework



HCSM will monitor activity implementation and results using indicators hightlighted in the program's M&E plan and PMP

D: Schematic Representation of MSH/HCSM and APHIAPlus Collaboration at Regional Level

	HCSM			APHIA *plus*
Goal	**Equitable access to a comprehensive package of health and human services**			
Result Area	**Result 2:** Health systems strengthened for sustainable delivery of quality services **IR 2.4:** Strengthened Commodity management system	**Result 3**:Increased use of quality health services, products and information		**Result 4**: Social determinants of health addressed to improve well-being of targeted communities and populations
Services	**Health systems strengthening**	**Quality of Service**		**Service Provision**	**Social determinants of health**
	Commodity management	**Pharmaceutical services**	**Clinical services**	HIV testing and counseling	Economic Strengthening
		Data quality audit	Quality management	PMTC	Food Security and Nutrition
		MTCs	Quality improvement	ARVs, Care and Support	Safe water
		PV	Quality control	TB testing and treatment	Sanitation and hygiene
		AMU	Quality assurance	Reproductive health & Family planning	
		Support Supervision	Support supervision	Nutrition/Breastfeeding Support	
		Mentorship	Mentorship	Malaria Prevention/PTP/Treatment	
		Capacity building	Capacity building	Emergency Obstetrics	
			Data quality audit	Newborn Care	
				Treatment and Referral	
How we work	**Linkage with national mechanisms** **Alignment with GHI principles of Country-owned, country-led, Sustainability and Integration** **County needs driven work plans Skills-building: On the job mentoring, Coaching, Use of technology**				

TECHNICAL AREAS- INTRODUCTION & PROGRESS

Technical Area 1: Ministry of Medical Services (MOMS)/ Ministry of Public Health and Sanitation (MOPHS) and Health Facilities Commodity Management Support

The focus of activities in this area is the provision of technical assistance to central and peripheral levels in strengthening commodity management. At central level this covers working with MOH, FBOs, private sector organizations and training institutions to strengthen technical leadership for effective coordination and harmonization of efforts to ensure commodity security. At peripheral level, this involves working with various stakeholders to improve regional level coordination, health workers capacity to manage and account for health commodities as well as generating and utilizing reliable commodity data for decision-making. Some achievements realized in the first year of implementation include:

- Improved availability of commodity management tools. Results from Quality of Care (QOC) round 4 survey of December 2011 indicated that availability of commodity management tools (lab stock cards, FP, and Malaria) has improved compared to HCSM baseline survey findings.
- Establishment of 8 provincial and 60 district level commodity security committees
- Electronic ARV Dispensing Tool (ADT) scale-up: Orientation on the upgraded ADT in all regions has been completed, and by end June 2012, a total of 265 ARV sites were using the ADT, comprising 180 ordering and 85 satellite sites.
- All priority programs were supported to generation of monthly stock status reports. These reports have been used to informed procurement and call downs of program commodities.
- 2011/2012 Quantification Reports for FP, TB, Malaria and HIV were finalized. These reports have been used to lobby for funds and guide procurement All priority programs have developed supply plans
- Ongoing mentorship to national level health workers on forecasting, supply planning and pipeline monitoring in priority health programs (HIV, TB, RH/FP, malaria).

Additionally at peripheral level, the program has had a number of achievements as summarized in table below. Targets shown in the table were set in early 2012 for the HCSM district level accelerated activity implementation initiative:

	Expected Results	***Target***	***Cumulative achievement by March 31, 2012***	***Cumulative achievement by June 30, 2012***	***Achievement against target by June 30, 2012 (%)***
1	Number of DHMTs oriented on commodity management	30	56	60	200%
2	Total No. of DHMT members oriented on commodity management	-	246	529	-
3	No. of district commodity security committees established	30	39	48	160%

	Expected Results	***Target***	***Cumulative achievement by March 31, 2012***	***Cumulative achievement by June 30, 2012***	***Achievement against target by June 30, 2012 (%)***
4	No. of district champions oriented on commodity management	-	294	338	-
5	No. of districts with commodity management champions	30	49	55	183%
6	No. of health workers trained on commodity management	-	845	1615	-
7	No. of health facilities whose staff were trained in commodity management	500	465	937	187%
8	No. of district stores supported on inventory management	30	23	35	117%
9	No. of districts supported to undertake support supervision	30	31	44	147%
10	No. of facilities reached under support supervision	500	610	968	194%
11	No. of sites implementing electronic ART Dispensing Tool	175	137	265	151%
12	No. of sites implementing electronic Inventory Tracking Tool to manage their health commodities at the stores	30	23	32	106%
13	No. of regions/provinces undertaking commodity redistribution	-	3	3	-

NB: Collaborators include APHIA Plus (all regions), ICAP, University of Maryland, Tupange, Walter Reed Project, Catholic Archdiocese of Nakuru, IMC, AMPATH Plus, CARE among others

The above achievements were realized amidst some prevailing challenges including:

- Competing priorities by MOH central level and peripheral level staff delayed implementation of some planned activities

- Challenges in data transmission to and data management at LMU, including change of the courier system for transmission of commodity usage reports from facilities to the LMU has been noted as one of contributing factors to low reporting rates.

Going forward, HCSM will provide technical assistance to provincial/county health management teams, district health management teams and regional mentors to follow up on regional and facility improvement plans, to provide onsite guidance, mentorship and to evaluate the impact of targeted interventions. These activities will build on work initiated under the first year workplan.

For example, using the district support package in Njiru district in Nairobi Province with MTP and DHMT ownership resulted in improved management practices.

At the central level, HCSM will support the Ministries of Health to strengthen the national LMIS and ensure all the ongoing efforts by various stakeholders are done in a harmonized manner according to an agreed national strategy. In the past year, there has been a lot of fragmented efforts in improving the flow of commodity information from health facilities to the central level. Despite the progress made, there is still lack of a strategy guiding implementation of a national level LMIS. Under this workplan period, HCSM will provide technical assistance to the MoH to develop a national strategy for the LMIS. This will consolidate all the efforts that have gone into improving the LMIS, as well as provide a platform for ongoing direction, and coordination for LMIS system strengthening interventions.

Technical Area 2: Support to Pharmaceutical Policy and Service Delivery

This technical area focuses on strengthening governance at central level enabling the Ministries of Health and related agencies such as the Pharmacy and Poisons Board to provide leadership, develop strategic policy frameworks and to stipulate laws, regulations and standards for a more coordinated and effectively functioning pharmaceutical sector. In addition, it addresses issues related to improvement of pharmaceutical service delivery and support to medicines quality assurance and pharmacovigilance.

Over the last year, several initiatives that impact on pharmaceutical policy, legal framework and service delivery have commenced with the HCSM program providing support and input to the processes. On the wider health-sector level and necessitated by the promulgation of the new constitution in August 2010, the Ministries of Health have developed a position paper that presents the health sector's position on key issues in relation to the implications of implementation of the constitution in the health sector. In addition, the Ministries are in the process of finalizing the National Health Policy Framework 2012-2030 and the associated first 5-year medium term implementation plan, the Kenya Health Sector Strategic Plan July 2012-June 2017 that provides medium term direction for health services and investment in the country. The pharmaceutical sector specific National Pharmaceutical Policy (KNPP 2010) has been revised and the sessional paper awaiting parliamentary approval. Development of its master plan is on-going.

With regard to the legal framework, a general health law that defines and aligns the delivery of health to the new constitutional dispensation is being developed. The required comprehensive review of the associated pharmacy laws is in progress with HCSM providing support and participating in both processes. The expected output of the above initiatives is a strong and effective policy and regulatory framework that adequately supports the general health system and the pharmaceutical sector in particular.

Key developments over the last one year that impact on pharmaceutical service delivery, medicines quality assurance and Pharmacovigilance include the revision and dissemination of general and program specific treatment guidelines; Pharmaceutical charter and SOPs and the on-

going development of the pharmaceutical services operational manual. Other key milestones include the continued strengthening of the systems for acquisition, management, use and dissemination of medicine safety data and information and the institutionalization of Post Marketing Surveillance activities integrated across all priority health programs.

A number of challenges that impeded activity implementation emerged during this period. For instance, development of the framework for implementation of the new constitution within the health sector was prioritized by both the Ministries of Health resulting in delay, rescheduling or re-evaluation of other central level activities such as the planned reactivation of the Supply Chain Oversight Committee and the National Medicines and Therapeutics Committee related activities. The implementation of these and other similar activities will be dependent on the emerging organizational and operational structures in line with envisaged reorganization within the ministries both at central and regional levels.

During the next year, and building on what was initiated and accomplished in the first 18 months of the program, interventions will focus on the following areas:

- Strengthen the health and pharmaceutical policy and regulatory frameworks
- Promote and strengthen clinical governance, rational use of health commodities and effective delivery of pharmaceutical services
- Expand Pharmacovigilance to cover community /consumer level and enhanced safety data acquisition, management, use and dissemination of patient safety information. In addition support the establishment for a system for medication error monitoring and reporting
- Initiate the development of a framework for the Pharmaceutical Management Information System

Technical Area 3: Support to Laboratory Commodity Security

The focus of HCSM work in this area is to establish and strengthen systems for effective laboratory supply chain management through implementation of interventions at both central and peripheral levels. At central level, the program targets to build capacity of MOMS/MOPHS to plan and coordinate commodity security interventions. A critical area of focus is the laboratory commodity LMIS where HCSM will work with key stakeholders at national level to develop a harmonized LMIS strategy for laboratory commodities. At the lower level, the focus is on building capacity of peripheral facilities to manage laboratory commodities.

Achievements realized in year one of implementation include:-

- Improved capacity for lab commodity management among lab personnel at both national and facility levels

- Improved coordination and collaboration of lab supply chain partners as evidenced by collaboration in distribution of tools to facilities by various partners such as APHIA Plus, ICAP and CHS

- Improved reporting rates. For example CD4 reporting improved from 34% in February 2012 to 46% in May 2012 and RTKs from 45% in February 2012 to 50% in May 2012.

However, the above were realized amidst some challenges such as competing priorities by MOH central level and facility level staff which delayed implementation of some planned activities and the fact that previously, the lab sub-sector had not been considered a priority in the health sector. Moving forward, HCSM intends to build on these marginal successes to strengthen the systems for managing laboratory commodities at both the central and peripheral level.

PLANNED ACTIVITIES

Technical AREA 1-MOMS/MOPHS AND HEALTH FACILITIES COMMODITY MANAGEMENT SUPPORT

1. Technical support to peripheral health care facilities to be able to account for and manage their own commodities effectively

Peripheral level strengthening efforts will involve working with the MOMS/MOPHS staff at regional levels, health facilities as well as various stakeholders and implementing partners in the public and private sectors to improve capacity to account for and manage commodities effectively.

Overall expected outcomes: Under the previous work plan, the program targeted to improve reporting rates on commodity usage from major ordering points to central level to; 90% for ART and 70 % for Malaria, TB and FP by September 2012.
A number of challenges were inherent which included but not limited to; lack of LMIS tools at the facility, limited capacity among facility and district staff to use LMIS tools for commodity management and reporting, challenges with reporting systems established by LMU, lack of clarity among some health facility staff in commodity information flow from the facility to LMU among others.

HCSM embarked on solving these challenges. Progress has been made as highlighted in the previous section of this document. Although reporting rate targets have not been met, in the last few months reporting rates have been on a general upward trend albeit with some fluctuations, for example, CD4 reporting rate has improved from 34% in Feb 2012 to 46% in May 2012 while reporting rate for RTK has improved from 45% in Feb 2012 to 50% in May 2012. From the lesson learned the program targets to improve reporting rates on commodity usage from major ordering points to central level to; 90% for ART and 70 % for Malaria, TB and FP by September 2013.To attain this target the program will use multifaceted approaches as highlighted throughout this work plan.

Other expected outcomes include:

- Improved record keeping at health facilities e.g. for all anti-malarials (Artemether-Lumefantrine), proportion of health facilities having accurate inventory stock records improving from 60% to 70% and for TB patient packs from 52% to 65%. (as evidenced by correlation between physical count and inventory records)

- Reduction in proportion of facilities reporting stock outs (e.g. DMPA from 26% to 20%; Artemether-Lumefantrine (AL) from 25% to 15%; TB patient packs from 23% to 15%).

MSH/HCSM will work with peripheral Health Management Teams (PHMTs, DHMTs/ County HMTs), FBO sector, APHIA*Plus* and other stakeholders to undertake the following:

Activity 1*: Scale up coordinating mechanisms for health commodity security at regional level in collaboration with regional health management teams*

a. Jointly with PHMTs/county HMTs and other key stakeholders, support the existing eight (8) regional health commodity security committees and fifty (50) district health commodity security committees
b. Support the regional health commodity security committees to constitute and operationalize an additional 70 district committees within priority districts by September 2013

Expected results: Functional health commodity security committees at regional and district level

Activity 2*: Strengthen Peripheral Commodity MIS in 8 regions*

MSH/HCSM will work with peripheral health management teams (PHMTs, DHMTs/ County HMTs), FBOs and other partners in order to strengthen commodity MIS to support commodity usage information acquisition with a focus on malaria, HIV&AIDS, TB, FP and essential medicines and supplies. Specifically, MSH/HCSM will work jointly with PHMTs and DHMTs, facility staff, implementing partners such as APHIA*Plus* and stakeholders to:

a. Support dissemination of standardized manual and electronic MIS tools. This will include scale up and support of ADT and ITT user sites.
b. Support MOMS/MOPHS to implement nationally approved commodity management software platforms in selected sites in 2 regions by September 2013
c. Provide ongoing OJT and mentorship on commodity MIS to regional health managers and health facility staff
d. Build capacity of regional MOMS/MOPHS counterparts, regional partners and organizations to cascade and support manual and electronic tools by Sept 2013

Expected results: Facility staff capacitated to implement manual and electronic MIS tools to support acquisition of commodity data for decision-making and tracking of commodity usage reports. Increased use of MIS manual and electronic tools; improved commodity usage reporting

Activity 3: *Build capacity of regional level managers (province/county and district) and facility staff for commodity management improvements*

MSH/HCSM will work with PHMTs and DHMTs, facility staff, implementing partners such as APHIA *Plus* and stakeholders to:

a. Build capacity of regional and facility staff on commodity management
b. Build capacity of commodity security teams and facility staff to monitor stock status and reporting rates for evidence-based decision-making

c. Strengthen inventory management at stores (district and facility)
d. Facilitate quarterly commodity data review and feedback meetings at province/county/district level.

Expected results: Improved capacity of regional and facility staff in commodity management and in use of data for decision making; improved inventory management practices; strengthened linkages (including feedback mechanisms) for commodity management improvement

Activity 4*: Support the implementation of the integrated supportive supervision package for commodity management at regional level*

Under this activity, MSH/HCSM in collaboration with PHMTs and DHMTs, facility staff, implementing partners such as APHIA *Plus* and other stakeholders will work to:

a. In line with the reorganized MoH structures, review and finalize a comprehensive package for integrated supportive supervision for commodity management by April 2013
b. Mentor regional level managers (province/ county and district) in priority districts to undertake quarterly integrated health commodity support supervision missions.

Expected results: Comprehensive package for integrated supportive supervision for commodity management finalized; integrated health commodity support supervision at health facilities conducted by the regional health management teams (PHMTs/County HMTs and DHMTs).

2. Technical support to Effective and efficient commodity management systems in the private sector (faith-based and commercial organizations)

Activity 5*: Build capacity of health staff in targeted FBO and private sector sites for commodity management improvement*

MSH/HCSM will work with PHMTs and DHMTs, facility staff, implementing partners such as APHIA *Plus* and other stakeholders to:

a. Facilitate dissemination of commodity management tools and national guidelines in targeted FBO and private sector sites
b. Provide ongoing OJT and mentorship on commodity management to targeted FBO and private sector sites

Expected results: Improved availability and use of commodity management tools and national guidelines in targeted private sector and FBO facilities; Improved capacity of FBO and private sector staff in commodity management

3. Technical support to MOMS/MOPHS to strengthen health systems for supply chain management and commodity security

To adequately support supply chain and commodity management systems at peripheral levels, HCSM will work to strengthen MOMS/MOPHS technical leadership and stewardship at central level.

Overall expected outcomes: Strengthened capacity of MOMS/MOPHS and priority health programs for oversight and supervision of supply chain and commodity security at central and peripheral levels and ability to identify and address gaps in health commodity management.

HCSM activities will include the following:-

Activity 6*: Provide technical leadership for commodity security and supply chain oversight at national level*

MSH/HCSM will provide technical inputs and actively participate in all key health commodity related TWGs and committees on regular basis to advocate for strengthened national commodity supply chain systems. The program will also provide ongoing support for building of technical leadership and capacity at the central level for health commodity forecasting and quantification, supply and distribution planning and pipeline monitoring at the national level.

Typical sub-activities will include:

a) Provide Technical leadership and support to regular scheduled meetings for national health commodity-related TWGs and committees
b) Support development/review and implementation of standard supply chain audit tool kit (indicators, reporting requirements, Integrated Tracer lists and audit protocol)
c) Support MOMS/MoPHS to undertake supply chain audit for health commodities across various levels
d) Ongoing mentorship and support to MOMS/MoPHS to undertake routine stock status and pipeline monitoring, and distribution planning as may be appropriate
e) Ongoing mentorship and support to MOMS/MoPHS to undertake national forecasting & quantification and supply planning

Expected results: Functional key health commodity related TWGs and committees holding meetings quarterly for priority health programs and biannually for EMMS; monthly stock status and pipeline monitoring reports generated by MOMS/MOPHS at central level for priority programs including malaria, ART, FP, TB; MOMS / MoPHS supported to undertake supply chain audits in selected health facilities; quantification and supply planning conducted for priority health programs and EMMS; integrated commodities tracer list applied to monitor stock situation of key health commodities.

Activity 7*: Support central level capacity building for commodity security monitoring, leadership & management*

MSH/HCSM will support capacity building for health commodity forecasting and quantification, supply planning and pipeline monitoring at the national level.

Sub-activities will include:

a) Support review and mainstreaming of the district level commodity management support package (training manual, checklists facility assessment and related materials) into MOH
b) Develop, implement and mainstream automated tools for generation of commodity stock status reports with user guidelines
c) Support development of forecasting, supply planning and pipeline monitoring guidelines and schedules
d) Provide ongoing mentorship to 30 national level staff on forecasting, supply planning and pipeline monitoring
e) Provide TA to MOMS/MOPHS to develop and implement a system for redistribution of health commodities within the regions
f) Support MOMS/MOPHS in development and adaptation of commodity management data for decision making orientation package
g) Build capacity of MOH staff on technical leadership and management for supply chain coordination and commodity security

Expected results: Additional MOH staff from priority health programs able to independently undertake quantification and supply planning, stock status and pipeline monitoring; quantification and pipeline monitoring guidelines developed and implemented; MoH staff from priority health programs supported to develop and implement commodity re-distribution

Activity 8: *Support design of a national harmonized LMIS strategy*

HCSM will work with MOMS/MOPHS, especially DOP, NPHLS, DON and Division of HIS and other stakeholders to identify gaps and recommendations for design and implementation of a national LMIS strategy. This will facilitate harmonization with the national health information systems and leverage on technologies such as web-based systems and DHIS2 and provide data for triangulation. Meanwhile, HCSM will continue to work with NASCOP to mainstream the electronic ADT. Specifically, HCSM will:

a. Initiate preliminary mapping and possible systems framework for key components of LMIS prior to the stakeholders meeting to model out from a global perspective what that would look like
b. Support a stakeholders meeting to review the current LMIS subsystems, identify gaps, propose recommendations, and build consensus on the way forward

c. Support a high level technical working group of key GoK members and other stakeholders to design a national strategy for an integrated national LMIS system, building on the stakeholders meetings and begin implementation of solutions and interventions.
d. Support MOMS/MoPHS in the development/review and mainstreaming of manual and electronic facility based and LMIS tools and commodity management software platforms for the management of selected commodities by September 2013
e. Mainstream ADT into NASCOP and support the interoperability of ADT with other systems including web-based.

Expected results: National LMIS strategy; ADT mainstreamed

4. Technical support to the national coordinating mechanisms on health commodity management and related services

MSH/HCSM will work with MoH to strengthen the national level stewardship and coordination of all commodity security activities. This will be done through the reconstituted national level ICC in line with the health system strengthening framework of the MoH.

Overall expected outcome: Effective integrated, collaborative approach to management of priority health commodity management strategies.

HCSM activities will include the following:

Activity 9: *Technical support to the national coordinating mechanisms on health commodity management and related services as established in KHSSP III and other strategic MoH documents*

Under this workplan period, MSH/HCSM will provide technical support to the MoH to operationalize the reconstituted national coordinating mechanism on commodity management and related services. The revised coordinating structures have been developed in line with the health system strengthening framework defined in key MoH documents as part of the ongoing restructuring process. MSH/HCSM technical support will ensure strong and effective leadership, coordination of key related TWGs and committees as well as harmonization of Government and donor activities related to procurement, supply chain management and overall commodity security.

Sub activities towards operationalization of the national coordinating mechanism include:-

a) Provide technical leadership for review of TORs and membership; identify TWGs and development of work plan for the national coordinating mechanism for overall health commodity oversight
b) Provide technical leadership and support to quarterly meetings of the national coordinating mechanism.

Expected results: A functional national level coordinating body that provides strong and effective leadership, coordination and harmonization of GoK and donor activities related to commodity management

TECHNICAL AREA 2: STRENGTHENED PHARMACEUTICAL POLICY AND SERVICE DELIVERY

Activities

5. Technical support for improved pharmaceutical services

The focus of interventions under this area is human and institutional capacity building for improved medicine use and pharmaceutical service delivery. The key activities are strengthening the national and institutional Medicines and Therapeutics Committees (MTC) by building their capacity for operational research and utilization of generated information to improve medicine use and support for pre- and in-service training and Continuing Professional Development (CPD) programs to strengthen commodity management and pharmaceutical care in the public, private and FBO sectors.

Overall expected outcomes: Functional Medicines and Therapeutics Committees at all levels and improved institutional capacity for rational medicine use and pharmaceutical service delivery.

Activity 10: *Technical Support to the National Medicines and Therapeutics Committee (NMTC) and facility MTCs at all levels across all sectors*

Functional MTC serves as the foundation for the improvement of rational use of medicines at treatment facilities. Support initiated in year 1 to forty nine (49) level 4-6 facilities will continue to be extended to additional 30 facilities in year 2. Working closely with these selected facility MTCs, PHMTs, DHMTs and the DOP, HCSM will provide technical expertise and support for capacity-building to ensure MTCs identify medicine use problems in their facilities and develop interventions structured on the MTP approach to address them. In addition, despite primary health care level facilities being the majority and handling most of the patients who seek services at health facilities, no structures for supporting rational medicine use exist or have been defined. Therefore, HCSM will support the Ministries of Health in developing guidelines that define and provide guidance on the establishment of MTCs or similar structures at this level.

The specific sub-activities are:

a. TA to the National Medicines and Therapeutics Committee to strengthen the committee to provide leadership and oversight for medicine use and clinical governance. Specifically this will cover revision of TORs, action plan implementation and development of the NMTC secretariat blue print to improve the operation of the committee.

b. Technical support for the establishment and strengthening of Medicines and Therapeutics committees in level 4-6 hospitals across all sectors. This will cover capacity building for an additional 30 hospital MTCs and support for operational support/ assessment of medicine use at facilities though qualitative and quantitative methods and implement interventions. For level 2 and 3 facilities, HCSM will provide technical support for the development of guidelines on establishment of MTCs or similar structures to promote rational use of medicines at this level

Expected results: Functional national medicines and therapeutics committee in place with revised terms of reference and work plan/ calendar of activities; Functional hospital MTCs in target hospitals and guidelines for establishment of MTCs at PHC level developed.

Activity 11: *TA for improved training in commodity management and pharmaceutical care*

This is an on-going activity from year 1 designed to address human resource gaps and improve knowledge and skills in commodity management and pharmaceutical care in all sectors. HCSM will continue multi-faceted interventions targeting pre-, in-service and CPD programs to address challenges in this area in collaboration with the Ministries of Health, the Pharmacy and Poisons Board (PPB), professional organizations, implementing partners e.g. Funzo-Kenya and training institution such as the Kenya Medical Training College (KMTC) and the University of Nairobi (UON). This will be achieved through the following sub-activities

a. Support for the on-going curriculum reforms at middle and tertiary level training institutions to incorporate commodity management and pharmaceutical care and related topics e.g. Pharmacovigilance in training curricula
b. Technical support to development, revision and dissemination of key health commodity management manuals, SOPS, Job aids and curricula and implementation to support quality improvement and service delivery. HCSM will continue to scale-up implementation of systems-targeted approaches for institutional and human capacity building
c. Support to Pharmacy and Poisons Board or the Pharmacy council in development and implementation of CPD framework and policies. Additionally HCSM will support the development and implementation of standards and guidelines for pharmacy training in the country for all cadres.

Expected results: Improved quality of pre-service training in line with international and local standards; better competencies in the health workforce after basic training; SOPs, job aids and manuals disseminated; Health care workers trained on commodity management and other relevant topics through both in-service training and CPD programs

Activity 12: *Support for operational research including quality of care and medicine use surveys*

HCSM will collaborate with the Ministries of Health through Priority Health Programs (PHPs), the Department of Pharmacy, the NMTC, facility MTCs and other stakeholders to implement operation research at all levels. The activity aims to scale up translation of research to policy. HCSM currently supports the Division of Malaria Control to conduct quality of care surveys whose results are used or translated to evidence-based interventions and policy. The specific sub-activities are:

a. TA to priority health programs [NASCOP, DOMC] to conduct operational research, including quality of care for use of information for evidence-based decision-making. This will include the annual DOMC QoC survey and NASCOP OR on use of OI and paediatric ART commodities
b. Support to the NMTC and facility MTCs to conduct medicine use surveys at all levels to identify problems in service delivery and design and test innovative interventions

Expected results: Annual/ as required surveys on priority MOH health commodity management and service delivery issues undertaken; case management QoC determined and progress monitored over time; operational, tactical and strategic decisions informed by best evidence

6. Technical and Operational Support for strengthened medicines quality assurance and Pharmacovigilance

MSH/HCSM program will continue to strengthen medicines quality assur**a**nce and pharmacovigilance systems in collaboration with all the stakeholders while ensuring that unique needs of programs such as Malaria, HIV/AIDS, FP and TB are addressed. Building on work already accomplished in year 1, HCSM will support PPB to expand and strengthen systems for data acquisition, management and use and the implementation of an enhanced and effective dissemination strategy for patient safety information. Significant milestones over the last one and a half years include finalization of PMS surveys for ARVs, Malaria and TB medicines and dissemination of reports; scale-up of active reporting through establishment of ART sentinel sites and the on-going development of the PV e-reporting system, as an innovation to support data acquisition.

Overall expected Outcomes: Improved reporting of suspected adverse drug reactions and poor quality medicinal products (evaluated by numbers of Suspected Adverse Drug Reaction [SADR] & Poor Quality Medicinal Products [PQMP]); improved capacity of health care workers to identify and report SADRs and PQMPs; improved awareness by health care workers and the public on medicine safety

Activity 13: *Support to PV data acquisition, management and use*

The following sub-activities will be implemented.

a. Support to Pharmacovigilance (PV) data acquisition, management and use for decision making This will entail provision of manual and electronic tools for data acquisition and will also include the on-going dissemination of guidelines, reporting tools and implementation of the PV e-reporting systems through sensitization and advocacy for use by health care workers.
b. Support for sensitization of health care providers on PV; provision of guidelines and reporting tools.
c. TA for PV data analysis at national and facility levels. The scope will cover building capacity of facility MTCs and the pharmacovigilance expert safety review committee in data collation, analysis and use for decision-making
d. On-going operational support in pharmacovigilance PV data acquisition from health facilities through support for a national courier system
e. Support for targeted facility based PV activities e.g. active sentinel surveillance

Expected results: PV e-reporting system implemented; increase in reporting from active sentinel sites and overall improvement in reporting of ADR s and poor quality medicinal products

Activity 14: *Technical and operational support to PPB for Post Marketing Surveillance (PMS) surveys/activities in collaboration with PPB, NASCOP, DOMC, DLTLD, other programs and stakeholders*

This is an on-going activity and in the past one year, HCSM provided support for analysis, report writing and dissemination of PMS reports for TB, HIV and Malaria for surveys conducted in the preceding years. HCSM will continue to support and build capacity for PMS including integration of PMS across all programs and expanding the surveys to cover other non-programmatic medicinal products.

Expected results: Post Marketing Surveillance institutionalized across all programs and for other non-programmatic medicines for strengthened medicine quality assurance and pharmacovigilance

Activity 15: *Support to targeted patient safety initiative such as:*

a. Dissemination of patient safety information-MSH/HCSM will provide support to PPB for enhanced provision of pharmacovigilance feedback to health care workers and consumers through various mechanisms and media. This will include scaling-up the currently established mechanisms for dissemination of safety information- the *e-Shot* and the Medicines Information and Pharmacovigilance Newsletter- *The Lifesaver* and supplementing them through use of Mass media (radio adverts, press releases), community barazas, road shows and targeted campaigns.
b. Support for consumer reporting and community level medicine safety initiatives. This will cover the implementation of a consumer reporting system and development and dissemination of sensitization/IEC materials

c. TA for establishing systems for medication error reporting and monitoring. Under this activity, MSH/HCSM will provide technical support to the Pharmacy and Poisons Board and the Department of Pharmacy to set up a national system. This will include:
    - Establishing a reporting system including development and dissemination of the required tools
    - Capacity building of health care worker on the use of the reporting tools
    - Support for the management, use and dissemination of information on medication errors

Expected results: Mechanisms for dissemination of safety information scaled up; consumer reporting on patient safety developed; improved capacity of health care workers to report on medication errors

7. Technical and operation support for improved pharmaceutical sub-sector governance

MSH/HCSM will focus on supporting the on-going formulation of national health policies, specifically the national health policy and the associated Kenya Health Sector Strategic Plan (KHSSP III). In addition, the program will continue supporting the initiative to finalize the Kenya National Pharmaceutical Policy (KNPP) implementation plan. Other key areas of support include the development of the general health laws and the revision of pharmaceutical laws currently underway though the stewardship of the Ministries of Health, the Pharmacy and Poisons Board and the professional associations.
To support clinical governance, HCSM will continue supporting the development, dissemination, promoting and monitoring use of key documents including general clinical and program-specific guidelines. The program will also support the finalization of the Pharmaceutical services governance framework and the on-going dissemination and capacity building on the pharmaceutical services charter and SOPs.

Overall expected outcomes: The KHSSP and KNPP implementation plan adopted an implemented and the general health and pharmacy laws revised for improved governance of the health sector. Other outcomes include improved availability and use of clinical and program specific clinical guidelines and institutionalization of systems that support delivery of quality pharmaceutical services.

Activity 16: *Strengthen health and Pharmaceutical policy and regulatory frameworks*

In collaboration with WHO, DANIDA, professional associations and other stakeholders, the program will provide technical assistance for the following sub-activities which contribute to the overall strengthening of the policy and regulatory frameworks:

a. Support the finalization of the Health policy, KHSSP III, health laws and the pharmaceutical laws
b. Support for the on-going development of the Kenya National Pharmaceutical Policy Implementation Plan
c. Finalization of the pharmaceutical services governance framework

d. Provide technical and operation support for DOP and priority health programs to establish and institutionalize joint biannual planning and review meetings for the public sector pharmaceuticals services
e. Building governance capacity of semi-autonomous government agencies such as the PPB and NQCL and professional associations e.g. through support for AOPs and Strategic plan development

Expected results: Revised health policy and implementation plan; new general health law and revised pharmaceutical law; KNPP implementation and monitoring plan adopted and implemented; biannual planning and review meetings for the public sector pharmaceutical services held under the leadership of DOP

Activity 17: *Technical support to Clinical Governance*

MSH/HCSM will provide technical support for the following activities that impart on clinical governance within the health sector

a. Support the development/ review and dissemination of general, program specific and other clinical guidelines e.g. RDT guidelines, Appropriate Medicine Use guidelines, tools and training materials
b. Dissemination and sensitization of health care workers on the Pharmaceutical charter, SOPs and operation manual through multiple channels including the DOP website
c. Review and adapt the existing ART mentorship and decentralization guidelines for use across all programs and all health commodities

Expected results: National and program-specific guidelines, SOPs, tools, pharmaceutical charter and operation manual disseminated with health care workers trained/ sensitized; mentorship approach scaled-up across all programs

8. Technical Support for Improved Pharmaceutical Information Acquisition and Management

The Pharmaceutical Management Information System (PMIS) integrates pharmaceutical data collection, processing and presentation of information that enables evidence-based decision making for managing pharmaceutical services at all levels. Ultimately PMIS supports decision-making related to broader pharmaceutical services that also encompasses commodity/logistics resupply information. The approach to PMIS has been fragmented with efforts concentrated mainly on developing product centered logistic management information systems. The proliferation of multiple and vertical program-specific systems for commodity data information and acquisition and lack of integration has impeded scale-up and wider use of these systems. To address these challenges, MSH/HCSM will work with MOMS/MOPHS specifically DOP, PPB, KEMSA, Priority Health Programs, and other key stakeholders to review current MIS requirements and tools and support the development of a systematic approach/strategy to build a

comprehensive PMIS framework covering both commodity security and pharmaceutical service delivery. This activity will link with the LMIS strategy.

Overall expected outcome: Situational analysis report on existing health commodity and patient information systems, stakeholder consensus and a comprehensive framework for strengthening/ integrating/ implementing PMIS in the country.

Activity 18: *TA for the development of a national Pharmaceutical Management Information System (PMIS) that incorporates all health commodities and related services*

MSH/HCSM in collaboration with MOMS, MOPHS, DOP, PPB, KEMSA, Priority Health Programs, Afya Info and other stakeholders will:

a. Conduct a review of existing PMIS and tools at all levels and identify appropriate pharmaceutical services indicators
b. Organize a stakeholder meeting to share situational analysis findings and reach consensus on the recommended PMIS indicators
c. Identify core indicators that will be collected by or shared with HIS
   Support a technical working group to develop a comprehensive PMIS framework and for implementation of a sustainable PMIS to cover all health commodities and related services

Expected results: Situational analysis report on existing health commodity and patient management information systems, stakeholder consensus and a comprehensive framework for strengthening/ integrating/ implementing PMIS in the country

TECHNICAL III- SUPPORT TO LABORATORY GOVERNANCE, COMMODITY SECURITY, AND SERVICE DELIVERY

9. Technical support for an efficient and effective laboratory supply chain

Building on work initiated during the first 18 months of the program, HCSM will continue to strengthen laboratory supply chain management systems. At central level, HCSM will work to build oversight capacity of MOMS/MOPHS and priority health programs to improve leadership and governance for the sector and specifically to support lab commodity security and management. At the peripheral level, HCSM will work with other stakeholders e.g. APHIA*Plus* and Funzo-Kenya to build the capacity of facility staff to effectively manage lab commodities through a variety of interventions including but not limited to mentorship and on the job training and provision of lab commodity management tools and job aids. In addition, HCSM will scale-up training on laboratory commodity management though regional ToTs and the MTP approach for continuous quality improvement. Similarly, the program will work with other partners and stakeholders to strengthen the national system for laboratory commodity usage reporting as part of the on-going efforts to establish a comprehensive lab MIS.

Overall expected outcome in year two: Functional laboratory commodity committee at central level; improved coordination and oversight on laboratory supply chain at all levels; improved laboratory inventory management at facility level and improved reporting rates of key commodities

Specifically, MSH/HCSM will undertake the following activities:

Activity 19: *Build capacity of regional level laboratory managers (Province, County and district) and facility laboratory staff on commodity management*

HCSM will continue to build capacity of regional and facility lab managers and staff on commodity management. To ensure sustainability HCSM will use a continuous quality improvement approach (MTP) with follow-up of activity implementation and documentation of results show the impact of training and other related capacity building activities

a. Build capacity of 80 central and regional level lab TOTs on lab commodity management to cascade laboratory commodity management training to the laboratory staff at facility level
b. Support TOTs to cascade laboratory commodity management training to peripheral level targeting 3 trainings per region
c. Support the review of TB lab commodity management SOPs and job aids, and disseminate SOPs for lab inventory management.
d. Scale up lab LMIS orientation package (tools, training materials, SOPs and job aids) in collaboration with regional health managers and other implementing partners
e. Support implementation of good lab inventory management to enhance accountability of lab commodities at the facilities
f. Support supportive supervision and mentorship on lab inventory management and data quality at the facilities.

Expected Results: Improved capacity of lab managers and laboratory staff to manage lab commodities

Activity 20*: Strengthen Laboratory Management Information Systems to improve commodity usage reporting and decision making*

Laboratory LMIS has been identified as a critical area that hinders access to laboratory commodities and services. A lot of fragmented efforts from various stakeholders have gone into supporting the laboratory. Despite these efforts, significant challenges exist as there is still no harmonized system for laboratory commodity and information flows.
On a national level, HCSM will work with NPHLS, DDFS, and other stakeholders to review laboratory commodity MIS develop a comprehensive strategy on strengthening of the laboratory LMIS.

Currently, facility commodity reporting rates stand at 50% for HIV test kits, whereas no reporting system has been rolled out for Malaria RDTs. HCSM will work with regional management teams (PHMT, County HMTs), APHIAPlus and other implementing partners to determine gaps and provide the following support as appropriate:

a. Facilitate dissemination of standard national LMIS and facility based manual and electronic tools in 8 regions
b. Scaling up of electronic lab commodity tools from the current 6 sites to 20 high volume sites by September 2013
c. Support lab commodity management and accountability at the facilities
d. Build capacity of regional commodity security teams and facility staff to monitor stock status and reporting rates for evidence-based decision-making
e. Facilitate quarterly lab commodity data review and feedback meetings
f. Mapping of TB Lab diagnostic sites to support TB lab commodity usage and reporting

Expected results: National laboratory commodity MIS, Increased availability of laboratory LMIS tools at health facilities; improved reporting of laboratory commodity usage data; reduced stock outs and losses of laboratory commodities

Activity 21*: Support DOMC in malaria Rapid Diagnostic Test (mRDT) roll out in facilities*

MSH/HCSM will continue to support the DOMC and partners in implementing the new RDT countrywide in line with malaria case management guidelines. The following sub-activities will be implemented:

a. Building capacity of lab TOTs on use of RDTs and support regional roll out to reach all frontline health workers
b. Mentor the TOTs to undertake supportive supervision and provide OJT on use of malaria RDT and other lab commodities
c. Support for the implementation of the QA/QC system for RDTs at facility level
d. Providing support for upstream data flow on RDT use to aid in decision making

Expected results: Improved capacity of health workers in RDT use; improved coverage of malaria diagnosis in public health facilities

Activity 22: *Improve leadership, stewardship and coordination of laboratory commodity management activities at national level.*

MSH/HCSM will continue to work to strengthen leadership and stewardship of the laboratory commodity committee to implement the following key activities:

a. Ongoing mentorship and support to national level staff to conduct annual quantification and supply planning for HIV, TB and Malaria lab commodities
b. Develop quantification data collection templates to support national quantification of non-program laboratory commodities
c. Undertake at least two lab supply chain audits

d. Ongoing support to routine monthly pipeline and stock status monitoring for malaria, HIV and TB program laboratory commodities
e. Mainstream lab into priority health program commodity security committees for TB,HIV and Malaria for better management of lab commodities at national level
f. Finalize and disseminate the essential laboratory commodities essential list for use in guiding selection and procurement activities, audits and supportive supervision

Expected results: Lab commodity management mainstreamed and leadership strengthened; improved coordination of lab supply chain as evidenced by availability routine strategic information reports on laboratory commodities quarterly; availability of a rationalized essential laboratory list for use in lab commodity supply chain management and monitoring

PROGRAM MANAGEMENT

A. Technical activity coordination and monitoring

This will include oversight activities from the MSH home office, as well as in-country coordination activities. Typically, this will entail coordination meetings with MSH home office, scheduled visits by specific managers from MSH home office, regular meetings with senior MOH counterparts to review program performance, meetings with USAID mission, scheduled M&E visits by USAID team and home office counterparts as well as cost of communicating progress on project performance.

B. Office Management and Operations

This includes provisions for the day to day running of the office and includes administrative support staff, stationery and supplies, utilities, equipment among others. They are necessary for the smooth running of project activities. Over the next workplan year, HCSM will review some of the inventory (e.g. laptops, desk computers, telephone system) and replace based on need.

Additional costs will include vehicle maintenance, enhancement of office security systems, minor office partitioning and procurement of telephone equipment (PABX) – at estimated unit cost of $ 5,000.

STAFFING AND TECHNICAL SUPPORT

To successfully implement the activities listed in the previous section, HCSM will utilize both its technical staff as well as use of a lot of the counterpart staff mentored over the previous year. A critical focus will be on empowering the counterparts to take up an increasing role in stewardship of the identified activities especially within the priority districts.

MSH has recently reviewed the HCSM project organogram, staff skills and mix. A new organizational structure has been developed which better aligns project resources towards the achievement of the project's three strategic objectives, and will result in greater responsibility and accountability for those results. The revised organizational structure consists of three main functions organized across two branches and managed by two deputies. One branch will concentrate on commodity management systems (SO1 and SO3) and will also focus on the regional rollout of the commodity and pharmacy services packages at the district and facility level. A second branch will focus on pharmacy and lab policy, governance, and service management (SO2 and SO3), and include the specific health programs (HIV, malaria, FP, TB) in a step to integrate these vertical programs into an integrated health services delivery package. As there is some overlap in activities by staff, between the different SOs, as well as crosscutting issues, it is not possible to cleanly separate out commodity versus pharmacy services.

HCSM team has worked closely with the MSH-US team for technical guidance and support on various aspects on need basis Based on the past experiences, MSH-US will continue to provide ongoing support to the HCSM team on specific aspects such as forecasting and supply planning, information systems, and other areas as may be determined.

KNOWLEDGE MANAGEMENT PLAN

MSH/HCSM recognizes the importance of effective knowledge management and communications in accelerating the use and impact of its advocacy outputs. To be credible, HCSM will ensure that its advocacy work, results and success stories are communicated to key constituents in a timely and efficient manner. The knowledge that's generated from our work will be packaged in forms that manifest its salience, credibility and legitimacy to be useable by actors beyond the local stakeholders where the activities are undertaken.

Communication Tools

The program will use different communication mechanisms to effectively reach a range of stakeholders. Our advocacy outputs will be packaged and communicated in different formats to suit the needs of the specific target groups. For instance, results on the success of an approach in improving systems nationally could be disseminated in a variety of formats—ranging from an advocacy report or journal article primarily for use by other scientists, policy brief for decision makers and negotiators, and media release for use by journalists. We will also make best use of print, online and electronic media in our communications work.

Web Site

The Web has clearly become the most widely used vehicle for disseminating and accessing information. Therefore, we will work with MOMS/MOPHS counterparts to ensure that key achievements are incorporated into the counterpart websites for enhanced visibility of the project activities. HCSM will also work with MOMS/MOPHS and USAID/K to set up a central portal that will contain all critical information on project activities.

- The HCSM's key information and knowledge products, including publications, databases, software, tools, datasets and maps will be made accessible through the web portal;
- The site will be updated regularly to provide information on HCSM success stories, activity reports and new developments in health systems strengthening globally;
- We will closely monitor the usefulness of the site by keep track of user statistics, such as file downloads, site visits, and search engine rankings.

Mass Media

Using the mass media to get our messages out can be very effective in reaching key decision makers and opinion leaders as well as in raising the profile of HCSM. Using the mass media to get our messages on specific aspects out can be very effective in reaching key decision makers and opinion leaders as well as in raising the profile of the HCSM. It is also an important way to raise awareness on the program goals to improve health outcomes and impact through sustainable country-led programs and partnerships.

Using Mass media for communication is key and is aimed at educating, setting agenda, educating and advocating for public support. For electronic media the campaign will include national radio and TV spots, talk shows, news bulletins, and documentaries while for print media we will use

news features, editorials, commentaries and advertorials in newspapers, magazines (and blogs). However, HCSM will determine the relevance and appropriateness for those messages that will require to be disseminated using this mode. Additionally, we will include brochures, leaflets and posters.

Publications

Publications help to ensure that knowledge acquired during project implementation is widely shared. Publications enable the know-how of staff to be captured, documented and made available to others. They include manuals, booklets, newsletters, papers, leaflets and brochures. The knowledge we have will be captured in both printed and electronic formats where applicable. This will be designed and tailored appropriately to the required needs and audiences.

- This will be produced to a high standard and will have a strong brand identity as per the MSH/HCSM Marking plan.
- We will develop a well-targeted distribution list to ensure our publications reach the intended users;
- All our publications will be easily accessible from our web site in a downloadable format.
- We shall link any success stories or articles to our publications.

We shall work to produce three newsletters

- Monthly newsletter (Online)
- Quarterly newsletter (online and print)
- Bi- Annual newsletter (online and print)

Presence at conferences/ meetings

Presence at major international events relevant to health systems strengthening can be very effective in communicating our advocacy results and raising the HCSM's profile. Attendance at carefully selected and highly relevant national events will be a major vehicle in reaching decision makers and other key stakeholders. The HCSM will coordinate its attendance at major events and be strategic about using such events to convey key messages. Target events will include the following:

- Critical stakeholders meetings
- Launches
- Major Workshops
- Policy meetings
- Donor coordination meetings

MONITORING AND EVALUATION

The program will use both routine and periodic data to track program implementation and assess whether the program is achieving the desired results as highlighted above. M&E unit will build on systems so far established and where necessary establish the relevant system to collect the following data.

Program output data

This is the data that will be obtained directly from implementation of the proposed program activities, for example the number of facilities whose supportive supervision was facilitated by HCSM program. Programmatic progress will also be measured based on activity implementation and outcome achievement plans. On a quarterly basis the program will measure and report on the proportion of activities, outputs, and results achieved against the targets and timelines set in the annual work plans. In addition, the program will annually assess and report on the progress achieved to realizing intended outcomes and key milestone targets. This data will be obtained from activity reports submitted by the HCSM technical staff leading implementation of the same.

Routine National MIS Systems

The existing national MIS systems will be used to measure some of the outcome indicators. Specifically, data to measure commodity supply chain indicators such as those for stock- outs of both pharmaceutical and laboratory commodities, and the facility reporting rates, will be sourced from the Logistics Management Information System (LMIS). On the other hand the data source for patient related information required for commodity forecasting and quantification will be sourced from the national Health Information System (HIS) and key government agencies and implementing partners (e.g. KEMSA, AMPATH, Kenya Pharma).

Surveys and special studies

MSH/HCSM will provide sound evidence on the status of program implementation and the expected outcomes at various stages by conducting or supporting surveys and operational research. For example during the round 3 Malaria Quality of Care surveys the program incorporated questions that aimed at assessing availability and use of key commodity management tools. Lack of tools had been highlighted as one of contributing factor that was leading to poor reporting rates. The findings are currently being used in guiding program implementation.

During these surveys qualified data analyst with previous experience of analyzing health data will be incorporated in the survey team right from the survey design to the report writing stage. This will ensure that the questionnaires are designed appropriately and that the data collected can be analyzed to provide measures for the selected indicators. The results obtained from these studies will be fed into the HCSM M&E database

Program Reporting

The program will build on already established internal reporting mechanisms within MSH to track activities, outputs, and products. In addition, the following mechanisms will be used to enhance reporting and results dissemination—

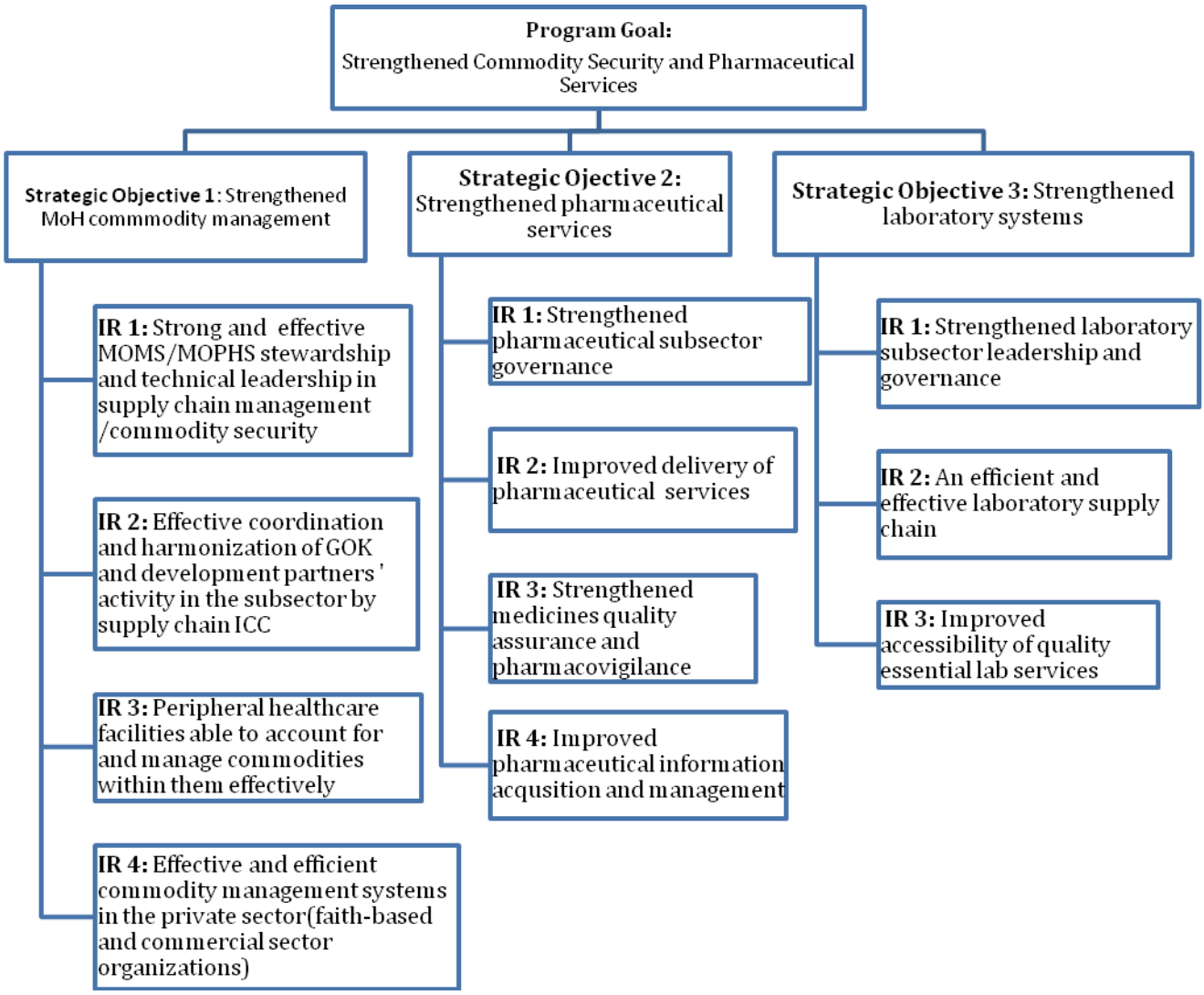
- Quarterly technical review meetings will be conducted in house to enable project staff to review progress in activities implementation against the annual work plan and decide on any remedial actions that may be required to address activities that fall behind schedule
- Periodic technical and financial progress (quarterly, semi-annual and annual) and ad-hoc reports will be shared with USAID/Kenya clearly highlighting actual activity performance against the set targets. These forums will also be used to review targets and re-align activity implementation if required.
- Annual and quarterly progress reports will also be shared with the relevant GOK ministries, national programs, private sector and FBO/NGOs organizations that HCSM will be supporting. The reports will be shared during the regular technical working group meetings and other relevant stakeholders' forums.
- HCSM will ensure representation by key project staff in all the relevant GOK technical working group meetings. The technical working group meetings are usually held quarterly and will serve as a good forum for HCSM to share project results and best practices not only with GOK but also with other implementing partners and funders.

Data quality assurance

To ensure data quality is maintained, the program staff will use standardized data collection tools that will come with clear instructions on their use. A detailed indicator reference sheet has been developed to provide clear definitions of all the parameters to guarantee uniformity in measurement of indicators. Data verification will be incorporated into normal activity monitoring and also scheduled with the activity monitoring field visits.

During surveys and special studies a qualified M&E program staff will lead development of protocols and the subsequent data cleaning and analysis to ensure optimal design as well as data collection and analysis.

In situations where the program requires use of data generated by partners and third parties (e.g., health management information system or the APHIA*Plus* project), efforts will be made to work with the third parties in addressing data quality issues which may include data quality audits.


Program Goal:
Strengthened Commodity Security and Pharmaceutical Services
Strategic Objective 1: Strengthened MoH commmodity management
IR 1: Strong and effective MOMS/MOPHS stewardship and technical leadership in supply chain management /commodity security
IR 2: Effective coordination and harmonization of GOK and development partners ' activity in the subsector by supply chain ICC
IR 3: Peripheral healthcare facilities able to account for and manage commodities within them effectively
IR 4: Effective and efficient commodity management systems in the private sector(faith-based and commercial sector organizations)
Strategic Ojective 2: Strengthened pharmaceutical services
IR 1: Strengthened pharmaceutical subsector governance
IR 2: Improved delivery of pharmaceutical services
IR 3: Strengthened medicines quality assurance and pharmacovigilance
IR 4: Improved pharmaceutical information acqusition and management
Strategic Objective 3: Strengthened laboratory systems
IR 1: Strengthened laboratory subsector leadership and governance
IR 2: An efficient and effective laboratory supply chain
IR 3: Improved accessibility of quality essential lab services

ANNEXES

A. WORK PLAN IMPLEMENTATION MATRIX

October 1, 2012 – September 30, 2013

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2012/2013 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Oct-Dec	Oct-Dec	Jul - Sept	
Result area 1: STRENGTHENED MOH COMMODITY MANAGEMENT												
Intermediate Result 1: Peripheral healthcare facilities able to account for and manage commodities effectively												
Expected outcomes: Improve reporting rates on commodity usage from major ordering points to central level; Improved record keeping at health facilities; Reduction in proportion of facilities reporting stock outs												
AOP 6: Section 3.1 Malaria Operational Plan FY12	Ensure functional stakeholders forums at provincial and district levels Support the DOMC Technical Working Groups; Decentralization to the new county system	Functional health commodity security committees at regional and district level .	AOP 6:- Table 3.1 (page 12) Malaria Operational Plan FY12 (pg 40, 41)	**1: Scale up coordinating mechanism for health commodity security at regional level in collaboration with regional health management teams** a) Jointly with PHMTs/county HMTs and other key stakeholders, support the existing eight (8) regional health commodity security committees and fifty (50) district health commodity security committees b) Support the regional health commodity security committees to constitute an additional 70 district committees within priority districts by September 2013	Improved drug use and commodity management ensured through quarterly meetings Hold biannual stakeholder forums (Section 4.2.2.3, Table 4.8, page 34); Provincial health stakeholders forum implemented (Section 4.2.2.3, Table 4.11, page 38) Ensure functional stakeholders forums at	Functional stakeholders forums with commodity oversight established in 120 districts by September 2013	HCSM, MoMS/MoPHS, key MoH programs, P/DHMTs, Regional partners (APHIA *Plus*, ICAP, WRP) and other USG partners, DANIDA, FBO and private sector.	X	X	X	X	

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2012/2013 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Oct-Dec	Oct-Dec	Jul - Sept	
					provincial and district level (AOP 6, Pg 12)							
AOP 6:Section 5.1.2 Malaria Operational Plan FY12	LMIS tools reviewed, printed and disseminated LMIS tools revised, printed and distributed to SDPs Strengthened quality and timeliness of data by the various data sources (HMIS, LMIS).	Use of facility-based and LMIS manual and electronic tools scaled up at the districts and SDP level in all regions Facility staff oriented on use of these tools ADT and ITT scaled up	AOP 6 : Table 5.2 (page 75); Table 5.2 (page 71) Malaria Operational Plan FY12 (pg 31, 34)	**2: Strengthen peripheral MIS in 8 regions** a) Support dissemination of standardized manual and electronic tools. This will include scale up and support of ADT and ITT user sites b) Support to MOMS/MOPHS to implement nationally approved commodity management software platforms in selected sites in 2 regions by September 2013 c) Provide ongoing OJT and mentorship on commodity MIS to facility staff d) Build capacity of regional MOMS/MOPHS counterparts, regional partners and organizations to cascade and support manual and electronic tools by Sept 2013	LMIS tools revised, printed and distributed to SDPs (Section 5.1.2, Table 5.2, page 71) LMIS tools reviewed, printed and disseminated (Section 5.1.2, Table 5.2, page 75)	Integrated district data aggregation tool developed and implemented in the priority districts by September 2013 Availability of facility-based and LMIS manual and electronic tools at the districts and SDP level	HCSM, Provincial / county / district HMTs, Regional partners, MoMS/MoPHS, MoH programs	**X**	**X**	**X**	**X**	
AOP 6:Sections 4.2.1.3; 4.2.4 (page 38) Malaria Operational Plan FY12	Improved drug use and commodity management ensured through quarterly meetings	Improved commodity usage reporting rates and reduced stock-outs at the peripheral level Improved capacity of	AOP 6 : Table 4.6 (page 28) Malaria Operational Plan FY12 (pg 40, 41)	**3. Build capacity of regional level managers (province/county and district) and facility staff for commodity management improvement** a) Build capacity of regional and facility staff on commodity management	Improved drug use and commodity management ensured through quarterly meeting (Section 4.2.1.3)	Focal champions in the priority districts able to undertake OJT and mentorship on LMIS and Inventory management Provide technical	HCSM, Provincial / county / district HMTs, Regional partners, MoMS/MoPHS, MoH programs					

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2012/2013 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Oct-Dec	Oct-Dec	Jul - Sept	
AOP 6:Sections 4.2.1.3 (page 28)		regional and facility staff in commodity management and in use of data for decision making Strengthened linkages (including feedback mechanisms) for commodity management improvement.		b) Build capacity of commodity security teams and facility staff to monitor stock status and reporting rates for evidence-based decision-making c) Strengthen inventory management at stores (District and facility) **d)** Facilitate quarterly commodity data review and feedback meetings at province/county/district level.	Re-distribution of drugs and supplies to needy hospitals carried out (Section 4.2.1.3)	leadership to the commodity focal persons at Regional level in the quarterly commodity usage review meetings						
AOP 6:Section 5.1.2 MoPHS/DCLM Section 3.1 Malaria Operational Plan FY12	Support supervisory field visits conducted 4 integrated supervisory visits to each province done and reports compiled	Integrated health commodities Support Supervision at health facilities conducted by the Regional health teams (PHMTs /county HMTs and DHMTs) Comprehensive package for integrated supportive supervision for commodity management.	AOP 6 Table 5.2 (page 71) MoPHS/ DCLM proposed AOP7, Section 3.1 Malaria Operational Plan FY12 (pg 39, 41)	**4: Support the implementation of the integrated supportive supervision package for commodity management at regional level** a) Review, in line with the reorganized MoH structures, and finalize a comprehensive package for integrated supportive supervision for commodity management by April 2013 b) Mentor regional level managers (province/ county and district) in priority districts to undertake quarterly integrated health commodity support supervision missions	Support supervisory field visits conducted (Section 5.1.2, Table 5.2, page 71) Integrated support supervision for reproductive health services conducted (Section 5.1.2, Table 5.3, page 78) Quarterly facilitative supervision carried out at all levels 4-5 GoK, FBOs and private	Integrated Support supervisory missions undertaken quarterly in 8 regions	HCSM, provincial / county / district HMTs, Regional partners, MoMS/MoPHS, MoH programs	**X**	**X**	**X**	**X**	

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2012/2013 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Oct-Dec	Oct-Dec	Jul - Sept	
					hospitals (Section 4.2.1.3, Table 4.6 - page 28, Table 4.8 - page 34)							
Expected outcome 2: Improved availability and use of commodity management tools and national guidelines in targeted private sector and FBO facilities; Improved capacity of FBO and private sector staff in commodity management												
AOP 6:Sections 4.2.1.3; 4.2.4 (page 38) Malaria Operational Plan FY12	Improved drug use and commodity management ensured through quarterly meetings	Improved commodity usage reporting rates and reduced stock-outs at the peripheral level (targeted FBO and private sector sites)	AOP 6 : Table 4.6 (page 28) Malaria Operational Plan FY12 (pg 40, 41)	**5: Build capacity of health staff in targeted FBO and private sector sites for commodity management improvement** a) Facilitate dissemination of commodity management tools and national guidelines in targeted FBO and private sector sites b) Provide OJT and mentorship on commodity management to targeted FBO and private sector sites	Improved drug use and commodity management ensured through quarterly meeting (Section 4.2.1.3)	Availability and use of commodity management tools and national guidelines in targeted private and FBO facilities	HCSM, FUNZO Kenya, FBO and private sector sites and partners (e.g. GSN), provincial / county / district HMTs, Regional partners, MoMS/MoPHS	**X**	**X**	**X**	**X**	
Intermediate Result 2: Strong and effective MOMS/MOPHS stewardship and technical leadership in supply chain management/commodity security												
Expected outcomes: Strengthened capacity of MOMS/MOPHS and priority health programs for oversight and supervision of supply chain and commodity security at central and peripheral levels and ability to identify and address gaps in health commodity management.												

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2012/2013 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Oct-Dec	Oct-Dec	Jul - Sept	
AOP 6: Section 3.2, Table 3.1, page 12 (Sector Priority interventions in AOP 6) Section 5.1.2, Table 5.2, page 75 (Disease prevention and control) Table 5.34, 5.35 (AOP 6 output for MoPHS procurement) (page 118) AOP6 Section 5.1.2; Section 3.1; Section 5.2.6 Malaria Operational Plan FY12 DDPC AOP7 DRH draft AOP 8	Strengthen sector stewardship and partnerships with all stakeholders Operations of technical working groups (TWG) strengthened (Section 5.1.2, Table 5.2, page 75) Annual procurement request schedules developed Tracking report on the visibility of commodities along the supply chain for avoidable losses and wastages done bi-annually. Matrix of Program forecasted commodity needs in place (DLTLD); HIV commodity	MoMS / MoPHS supported to operationalize ICCs and technical working groups with a key mandate to formulate and implement commodity security policies Health commodity supply chain audits conducted F&Q and supply planning for EMMS and priority health programs undertaken Monthly Stock status summary reports generated by priority programs Integrated commodities tracer list finalized and disseminated for	AOP 6, Table 3.1 (page 12) Malaria Operational Plan FY12 (pg 39-41, 32, 34) Table 5.2, page 75 (Disease prevention and control) AOP 6 Table 5.14 (page 97) DRH draft AOP 8: Security of commodities Indicator HIS156:	**6. Provide technical leadership for commodity security and supply chain oversight at national level** Sub activities will include: a) Provide Technical leadership and support to regular scheduled meetings for national health commodity-related TWGs and committees b) Support development/review and implementation of standard supply chain audit tool kit (indicators, reporting requirements, Integrated Tracer list and audit protocol) c) Support MoMS/MoPHS to undertake supply chain audit for health commodities across various levels d) Support MoMS/MoPHS to undertake routine stock status and pipeline monitoring, and distribution planning, where relevant e) Support MoMS/MoPHS to undertake forecasting & quantification and supply planning	Operations of Technical Working Groups (TWGs) strengthened Annual procurement request schedules developed (Section 5.48, Table 5.34 and 5.35, page 118) Multiyear commodity plan updated and procurement plan developed; Health commodities procured and distributed to facilities and other service sites; AL available at health facilities (Section 5.1.2, Table 5.2, page 71) Tracking report on the visibility of commodities	Active participation and technical leadership in key health commodity related TWGs and committees, (quarterly for priority health programs, biannually for EMMS) Provide technical leadership to MoMS/MoPHS to establish functional EMMS commodity security committee Technical support to MoH staff to undertake routine stock status and pipeline monitoring, annual F&Q and mid- year review (every 2 years for EMMS, yearly for PHPs) and supply planning Identification of, and mentorship of MOH-led central level pipeline monitoring teams Implementation of health supply chain	HCSM, MoMS/MoPHS, key MoH program staff, KEMSA & other supply chain partners, regional partners, other stakeholders	X	X	X	X	

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2012/2013 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Oct-Dec	Oct-Dec	Jul - Sept	
HIS Indicators Manual (final draft)	forecasting and quantification done	implementation Planning for distribution of FP commodities to district stores and SDPs supported Identification of, and capacity building, for MOH-led central level teams on stock status monitoring, forecasting & quantification, supply planning and pipeline monitoring	Percentage time out of stock for a set of 15 tracer medicines		along the supply chain for avoidable losses and wastages done biannually (Table 5.14, page 97)	audits using reviewed audit toolkit MoH adoption of Integrated Tracer list for health commodities						
AOP 6: Section 5.4.8 Procurement	Ensuring security for commodities and supplies	MoH staff capacitated to undertake quantification and supply planning, stock status and pipeline monitoring MOH staff capacitated on technical leadership and management for supply chain coordination	AOP 6 (page 118)	**7. Support central level capacity building for commodity security monitoring, leadership & management** a) Support review and mainstreaming of the district commodity management support package (training manual, checklists facility assessment and related materials) into MOH b) Develop, implement and mainstream automated tools for generation of commodity stock status reports with user	Strengthen procurement and commodity management structures for TB, Malaria and HIV/AIDS (Section 5.1.2, page 69)	District commodity management support materials reviewed and mainstreamed Atomated platform for stock status reports generation with user guidelines developed Guidelines and standardized approaches for quantification and	HCSM, MSH/LMS Kenya, key MoH programs, MOMS/MOPHS, KEMSA other supply chains, other stakeholders	**X**	**X**	**X**	**X**	

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2012/2013 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Oct-Dec	Oct-Dec	Jul - Sept	
		and commodity security Stock status tools and SOPs developed and implemented MoH staff from priority health programs supported to develop and implement commodity re-distribution		guidelines c) Support development of quantification, supply planning and pipeline monitoring guidelines and schedule d) Provide mentorship to 30 national level staff on quantification, supply planning and pipeline monitoring e) Provide TA to MoMS/MoPHS to develop and implement a system for redistribution of health commodities within the regions f) Support MoMS/MoPHS in development and adaptation of commodity management data for decision making training package g) Build capacity of MOH staff on technical leadership and management for supply chain coordination and commodity security		supply planning developed. Pipeline monitoring tool implemented in priority health programs Develop and implement mentorship plan for national level staff on quantification supply planning and pipeline monitoring. Support MoH staff to develop SOPs for commodities redistribution						
AOP 6: Section 5.1.2 Disease Prevention and control Table 5.2. Ensuring security for	Logistics Management Information System (LMIS) in place	MOMS/MOPHS supported to develop and implement a harmonized national Logistics Management Information System (LMIS)	AOP 6 Table 5.2 (page 71) Table 5.16 (page 100) MoMS Strategic Plan 2008-12	**8: Support design of national harmonized LMIS** a) Support a stakeholders meeting to review the current LMIS sub-systems, identify gaps, propose recommendations, and build consensus on the way forward	Health commodities supply is constantly monitored and LMIS strengthened; LMIS tools revised, printed and	MIS mapping conducted by September 2011 MIS implementation plan developed and disseminated by March 2012	HCSM, MoMS, MoPHS, DoP, KEMSA, key MoH programs, partners, World Bank	X	X	X	X	

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2012/2013 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Oct-Dec	Oct-Dec	Jul - Sept	
commodities and supplies. Malaria Operational Plan FY12	Pharmaceutical management strengthening ; Achievement of a finalized gap analysis of current surveillance systems including HMIS, IDSR, LMIS and Laboratory Information Management System, with clear recommendations on next steps to upgrade/redesign the systems	interventions for commodity data management ADT mainstreamed	Malaria Operational Plan FY12 (pg 31, 34, 45)	b) Support a high level technical working group of key GoK members and other stakeholders to design a national strategy for an integrated national LMIS system, building on the stakeholders meetings. c) Support MOMS/MoPHS in the development/review and mainstreaming of manual and electronic facility based and LMIS tools and commodity management software platforms for the management of selected commodities by September 2013 d) Mainstream ADT into NASCOP and support the interoperability of ADT with other systems including web-based.	distributed to SDPs (Section 5.1.2, Table 5.2, page 71) LMIS tools reviewed, printed and disseminated (Section 5.1.2, Table 5.2, page 75) Tracking report on the visibility of commodities along the supply chain for avoidable losses and wastages done biannually (Section 5.2.6, Table 5.14, page 97) Functional LMIS at all health facilities (electronic and manual tools) (MoMS Strategic Plan, page 36)							
Intermediate Results 3: Effective coordination and harmonization of GoK and development partners' activity in the sub-sector by the procurement and supply chain ICC (PSC-ICC)												
Expected Result: Availability of TORs and evidence of functionality of the ICC(s) focusing on pharmaceutical services as well as health products and technologies and related issues.												
AOP 6: Section 3.1 Section 5.4.5 section 6.2	Complete establishment of sector coordination process and	Availability of TORs and evidence of functionality of the ICC(s)	AOP 6:- Table 3.1 (page 12); Table 5.31, (page 116); Section 6.2 (pg	**9. Technical support to the national coordinating mechanisms on health commodity management and related services as established in**	Established national coordinating mechanisms and	Provide technical support to the established ICC(s) that impact on health commodities	HCSM, MoMS, MoPHS, Donors and Partners, other ICC members	**X**	**X**	**X**	**X**	

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2012/2013 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Oct-Dec	Oct-Dec	Jul - Sept	
KHSSP III – Section 7.1 Health Sector Framework	ICCs and SWAp secretariat Established sector coordination process and ICCs under the Joint Agency Coordinating Committee and the Health stakeholders Forum.	focusing on pharmaceutical services as well as health products and technologies and related issues.	124)	**KHSSP III and other strategic MoH documents** a) Technical support for development of TORs b) Technical support for regular meetings	rationalization of the ICCs in line with the health systems strengthening framework Effective integrated, collaborative approach to management of priority health commodity management strategies.	and service management						
Result Area 2: Strengthened Pharmaceutical Services												
Intermediate Result 1: Improved delivery of pharmaceutical services												
Expected outcomes: Functional Medicines and Therapeutics Committees at all levels and improved institutional capacity for rational medicine use and pharmaceutical service delivery.												
AOP 6 5.2.6	Pharmacy: Ensuring security for commodities and supplies	Strengthened oversight by the NMTC for clinical governance Functional hospital MTCs in existence in 30 level 4-6 hospitals across all sectors	MOMS Strategic Plan 2008- 2012 pg 36 (Results framework strategic thrust 7) AOP 6; KNPP 2010 (3.6.1) Promoting appropriate medicines use:	**10. Technical support to the National Medicines & Therapeutics Committee (NMTC) and facility MTCs at all levels across all sectors** a) TA to the National Medicines and Therapeutics Committee (NMTC) for leadership and oversight for medicine use and clinical governance**.** b) Technical support for the establishment and strengthening of Medicines and Therapeutics committees: • Targeted interventions in level 4-6 hospitals • Development of guidelines on establishment of MTCs or similar structures in	Functional NMTC and facility MTCs MTCs established in all level 4-6 facilities	NMTC membership and TORs revised NMTC action plan developed Technical assistance to establishment of 30 MTCs in level 4-6 facilities by September 2013	HCSM MOMS, MOPHS, DANIDA, APHIA Plus, PHMT, DHMTs, HMTs, MTCs, Faith based sector	**X**	**X**	**X**	**X**	

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2012/2013 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Oct-Dec	Oct-Dec	Jul - Sept	
				level 2 and 3								
AOP 6 5.3.4 5.3.7 5.2.2 5.2.6	KMTC: Policy formulation and strategic planning Pharmacy and Poisons Board: Capacity strengthening and retooling of management support, and service delivery staff Standards and Regulatory Services Pharmacy: Capacity strengthening and retooling of management support, and service delivery staff	Pharmaceutical care and management modules for pre-service level developed CPD material developed and targeted regional CPD sessions to private/community based practitioners undertaken Pharmaceutical services related guidelines, charter, and standard operating procedures finalized and disseminated	AOP 6 MOMS Strategic Plan 2008- 2012 pg 36 (Results framework strategic thrust 7) AOP 06; KNPP 2010 (3.9.3) Pharmaceutical Human Resource Utilization	***11. TA for improved training in commodity management and pharmaceutical care*** a) Support for the on-going curriculum reforms at middle and tertiary level training institutions to incorporate commodity management and pharmaceutical care and related topics b) Technical support to development, revision and dissemination of key health commodity management manuals, SOPS, Job aids and curricula to support quality improvement and service delivery c) Support to Pharmacy and Poisons Board or Pharmacy council in: • Development and implementation of CPD framework and policies • Development and implementation of standards and guidelines for pharmacy training in the country for all cadres	EMMS incorporated into pre- and in-service training curricula for core health workers (MOMS Strategic plan, Table 6.7, page 37) CPD guidelines developed /reviewed and implemented. Generic curriculum developed	Health commodity management /EMMS guidelines and curriculum available. Pharmaceutical management SOPs and charter disseminated Technical guidelines and implementation plan by April 2013 1 CPD session in each of 7 assistance to review and finalize CPD regions targeting 50 professionals undertaken by September 2013	UON, KMTC, PPB, MOMS, MOPHS, Other training institutions PSK, APHIA Plus, PHMT, MOMS, MOPHS, DHMTs, MTCs, Programs, PPB	**X**	**X**	**X**	**X**	
PMI Kenya Malaria Operational Plan FY10		Rational use and availability of key anti-malarials and ARVs	Malaria M&E plan (page 56) PMI Kenya Malaria Operational	***12. Support for operational research including quality of care and medicine use surveys*** a) TA to priority health programs	Tracking report on the visibility of commodities along the	Surveys on health commodity management initiated by September 2013	HCSM, MoMS/MoPHS, key MoH program staff, KEMSA,		**X**	**X**	**X**	

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2012/2013 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Oct-Dec	Oct-Dec	Jul - Sept	
		determined; Overall management of HIV and malaria plus quality care improved	Plan FY10 (Table 2, FY2010 Planned Obligations Kenya, pg48) MOMS Strategic Plan 2008- 2012 pg	[NASCOP, & DOMC] to conduct quality of care surveys and for use of information for evidence-based decision-making b) Supporting the NMTC and facility MTCs to conduct medicine use surveys at all levels to identify problems in service delivery and design and test innovative interventions	supply chain for avoidable losses and wastages done biannually (Table 5.14, page 97) Functional NMTC and facility MTCs		KEMRI Welcome Trust NASCOP, DOMC					
Intermediate Result 2: Strengthened medicines quality assurance and pharmacovigilance												
Expected outcomes: Improved capacity of health care workers to identify and report SADRs and PQMPs; Improved reporting of SADRs & PQMPs and improved awareness by health care workers and the public on medicine safety												
AOP 6 5.3.7	Pharmacy and Poisons Board: Resource mobilization and partner coordination	PPB, Program and facility staff equipped in pharmacovigilance data management and use; including pharmacovigilance information sharing, feedback and communication for decision making Pharmacovigilance reporting guidelines and tools printed and disseminated to facilities and E-	AOP 6 MOMS Strategic Plan 2008- 2012 pg 36 (Results framework strategic thrust 7)	***13. Support to Pharmacovigilance (PV) data acquisition, management and use for decision making*** a) Support for sensitization of health care providers on PV; provision of guidelines and reporting tools. b) TA for PV data analysis at national and facility levels c) Support to courier system for PV data acquisition d) Support for targeted facility based PV activities e.g. active sentinel surveillance	Utilization of PV data for decision making	PV electronic reporting system implemented by **Feb 2013** PV guidelines, and tools printed and disseminated Capacity building of PPB, regional and facility staff to acquire, manage and utilize PV data for decision making by May 2013	PPB, MOMS, MOPHS, DOP, Programs	**X**	**X**	**X**	**X**	
				14. Technical and operational support to PPB for Post Marketing Surveillance surveys/activities in collaboration with PPB, NASCOP, DOMC, DLTLD, other programs and	Market surveillance and strategies to counter counterfeits implemented	Technical expertise to support PMS activities						

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2012/2013 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Oct-Dec	Oct-Dec	Jul - Sept	
		system implemented to boost reporting		***stakeholders***								
				15. Support to targeted patient safety initiatives such as: a) Dissemination of patient safety information (e.g. Newsletters, e-shot, mass-media, campaigns) b) Support for consumer reporting c) TA for establishment of a medication error reporting system	Consumer reporting tools for ADRs developed and disseminated	Support to risk communication and consumer-reporting system/tools						
Intermediate Result 3: Strengthened Pharmaceutical sub-sector governance												
Expected outcomes: Key health sector policy and legal frameworks finalized; clinical governance strengthened												
AOP 6 5.1.2; 5.2.65; 5.37 5.4.3	Disease prevention and control Pharmacy: Ensuring security for commodities and supplies: Technical Planning and monitoring Pharmacy and Poisons Board: Policy formulation and strategic planning Capacity strengthening and retooling of management support, and service delivery staff	Availability of an approved KNPP and implementation plan Standard treatment guidelines and KEML reviewed /disseminated nationwide • Availability of AOPs for KPA and PSK	MOMS Strategic Plan 2008- 2012 pg 36 (Results framework strategic thrust 7) AOP 6; KNPP 2010(3.6.1) Promoting appropriate medicines use:	***16.*** **Strengthen health and Pharmaceutical policy and regulatory frameworks** a) Ongoing technical support to the medical and health products thematic group b) Support the finalization of the Health policy, KHSSP III, health laws and the pharmaceutical laws c) Support to KNPP implementation and finalization of pharmaceutical governance framework d) Building governance capacity of PPB and NQCL and professional associations e.g. through AOPs and Strategic plan development e) Technical support to DOP, SAGAs, peripheral and priority health programs to establish and institutionalize regular joint biannual planning and review	KHSSPIII, Pharmacy laws/bills and KNPP implementation plan available Reviewed decision making systems for improved governance	Technical assistance for development of KNPP implementation and Support to revision of the strategic and AOP for KPA by Dec 2012 Support to Governance tools and SOPs	HCSM, MOMS/ MOPHS-DOP, WHO, DANIDA	**X**	**X**	**X**	**X**	

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2012/2013 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Oct-Dec	Oct-Dec	Jul - Sept	
				meetings for pharmaceuticals services								
				17. **Technical Support to Clinical Governance** a) Support the development/ review and dissemination of general, program specific and other treatment guidelines Appropriate, tools and training materials **b)** Review and adapt the existing ART mentorship and decentralization guidelines for use across all programs and all health commodities				**X**	**X**	**X**	**X**	
Intermediate Result 4: Improved Pharmaceutical Information Acquisition and Management												
Expected outcomes: National MIS that incorporates all health commodities and related services developed												
		Situational analysis report on existing health commodity and patient management information systems available Comprehensive PMIS framework developed		***18.*** **TA for development of a national Pharmaceutical Information System (PMIS) that incorporates health commodities and related services** a) Review of existing PMIS and tools at all levels and identify appropriate PMIS indicators b) Organize a stakeholder meeting to share situational analysis findings and reach consensus on recommended PMIS indicators **c)** Define a framework for implementation of a sustainable MIS			MOMS, MOPHS, DOP, PPB, KEMSA, and other stakeholder		**X**	**X**	**X**	
Result area 3: SUPPORT TO LABORATORY GOVERNANCE, COMMODITY SECURITY, AND SERVICE DELIVERY												
Intermediate Result: An efficient and effective laboratory supply chain												

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2012/2013 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Oct-Dec	Oct-Dec	Jul - Sept	
Expected outcomes: Improved lab commodity reporting rate;												
AOP 6 NHSSP II Obj 4 (Pg 6)	Priority intervention: Strengthen the management and availability of commodities and supplies	Improved capacity for laboratory commodity management at regional level. Reduced stock out of lab commodities at the regional level Improved laboratory commodity reporting rates for HIV test kits from 50% to 70% and Malaria RDT from 0% to 45% Improved facility lab inventory management	DDPC draft AOP 7 Sec 2: Security for Public Health Commodities	***19.*** **Building capacity of regional level laboratory managers (province, county and district) and facility laboratory on commodity management** a) Build capacity of 80 central and regional level lab TOTs on lab commodity management to cascade the laboratory management training to laboratory staff at peripheral level b) Support the TOTs to cascade lab commodity management training to peripheral level targeting 3 trainings per region c) Support review of TB lab commodity management SOPs and job aids and disseminate SOPs for lab inventory management d) Scale up lab LMIS orientation package (tools, training materials, SOPs and job aid) in collaboration with regional health managers and implementing partners e) Support implementation of good lab inventory management to enhance accountability of lab commodities at the facilities f) Support supportive supervision and mentorship on lab inventory management and data quality at the facilities.	Train PHMTs, DHMTs on L&M Skills (DDPC draft AOP 7 Sec 4.3, priority for 2012 / 2013) Commodity Management Guidelines for storage, and inventory management operational by 2012 (MOMS Strategic Plan)	1 support in finalization of the documents Capacity build the TOTs Support the cascading of the capacity building to the regions	HCSM, APHIA plus, SCMS, MOMS/MOPHS	**X**	**X**	**X**	**X**	

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2012/2013 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Oct-Dec	Oct-Dec	Jul - Sept	
AOP 6 Sec 5.1.2 (Pg 71)	Table 5.2, Ensure security of Commodities and Supplies	Improved laboratory commodity reporting rates at regional and Health facility level National laboratory MIS developed	Regional draft AOP 7 (Proportion of health facilities that submit complete, timely and accurate reports to national level.)	***20.*** **Strengthen Laboratory Management Information Systems to improve commodity usage reporting and decision making** a) Review of national laboratory commodity and information flow systems b) Develop a laboratory LMIS strategy c) Facilitate dissemination of standard national LMIS and facility based manual and electronic tools d) Scaling up of lab ITT form the current 6 to 20 sites by Sept 2013 e) Support lab commodity management and accountability at the facilities f) Build capacity of commodity security teams and facility staff to monitor stock status and reporting rates for evidence-based decision-making g) Facilitate quarterly commodity data review and feedback meetings h) Mapping of TB Lab diagnostic sites to support TB lab commodity usage and reporting		Improve lab commodities reporting rates including for HIV RTKs (from current 50% to 70%) and Malaria RDTs (currently not available to 40%	HSCM, MOMS/MOPHS, APHIA PLUS NPHLS,DDFS, SCMS, KEMSA and other stakeholders	**X**	**X**	**X**	**X**	
AOP 6 5.1.2 (Pg 71)	Table 5.2, Ensure security of Commodities and Supplies	Improved access to and coverage of malaria diagnosis at the	Proposed FY 2012 PMI Activities Implementation support for	***21.*** **Support DOMC in malaria rapid diagnostic test (m RDT) roll out to the facilities** a) Building capacity of lab TOTs on	MOP 2011, Case Management (Pg 31): Strengthened	Support capacity building on use of RDTs	HCSM, MOMS, MOPHS, NPHLS DOMC,		**X**	**X**	**X**	

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2012/2013 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Oct-Dec	Oct-Dec	Jul - Sept	
		facilities Integrated health commodities Support Supervision at health facilities conducted by the PHMTs and DHMTs	RDT rollout	use of RDTs and support regional roll out to reach all frontline health workers b) Mentor the TOTs to undertake supportive supervision and provide OJT on use of malaria RDT and other lab commodities c) Support for the implementation of the QA/QC system for RDTs at facility level d) Providing support for upstream data flow on RDT use to aid in decision making	laboratory capacity through OJT and supportive supervision,							
MOMS Strategic Plan 2005 – 2012 Sec 6.2.7 Table 6.7: (page 38) AOP 6 Sec 5.2.6 (Pg 97) AOP 6 Sec 5.1.2, Performance monitoring and evaluation	Ensure reliable access to quality, safe and affordable essential medicines and medical supplies. No. of laboratory personnel updated on laboratory skills	Improved coordination of laboratory commodity management activities at national and regional level; Integrated health commodities Support Supervision at health facilities conducted by the PHMTs and DHMTs Improved laboratory commodities selection during	NPHLS AOP7 Policy formulation, implementation and evaluative; Monitor availability of test kits in the country through targeted supportive supervision (Page 5) NPHLS draft AOP 7: Train lab personnel on data management	***22.*** **Improve leadership, stewardship and coordination of laboratory commodity management activities at national level**. Interventions will include supporting the central level lab commodity committee to; a) Conduct annual quantification and supply planning for HIV, TB and malaria. b) Develop F& Q data collection template to support national quantification of non-program lab commodities c) Undertake at least two lab supply chain audits d) Undertake routine monthly pipeline and stock status	Commodity Management Guidelines for storage, and inventory management operational by 2012 (MOMS Strategic Plan) 150 lab personnel trained in lab data management (DDPC AOP 7 draft, Sec 3), Mentorship training for laboratory staff on commodity management (DDPC AOP	Support NPHLs to disseminate the lab commodities essential and tracer lists	HCSM.MOMS, MOPHS, APHIA PLUS, Training TA, CDC, NPHLS HCSM, HCSM.MOMS, MOPHS, APHIA PLUS, Training TA, CDC, NPHLS			**X**	**X**	

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2012/2013 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Oct-Dec	Oct-Dec	Jul - Sept	
		procurements at the central, regional and facility level		monitoring for malaria, HIV and TB programs e) Mainstream lab into priority health program commodity security committees for TB,HIV and Malaria for better management of lab commodities at national level f) g) Finalize and disseminate the essential laboratory commodities essential list for use in guiding selection and procurement activities, audits and supportive supervision	7 draft, Sec 3)							

B. ANTICIPATED STTA AND INTERNATIONAL TRAVEL

Activity Name	*Name of the Traveler*	*Destination*	*No. Of Trips*	*Expected Cost (USD)*
Management & Operations Support	TBD	KENYA, Nairobi	1	$8,150
Improve Pharmaceutical Services: STTA	Jude Nwokike	KENYA, Nairobi	2	$13,720
Technical Activity Coordination	Douglas Keene	KENYA, Nairobi	1	$7,860
Technical Activity Coordination	Ian Sliney	KENYA, Nairobi	4	$32,200
Management & Operations: HQ-Fin & Ops	Vicky/Natalie	KENYA, Nairobi	2	$16,300
MIS Technical Support to MOMS/MOPHS to Strengthen Health Systems; STTA	Kyle Duarte	KENYA, Nairobi	2	$16,300
Technical Activity Coordination; HQ Consultation/Annual Global Meeting	COP	UNITED STATES, Virginia-ARL	2	$13,840
Technical Activity Coordination: Annual Global Meeting	Joseph Mukoko	UNITED STATES, Virginia-ARL	1	$6,920
Management & Operations; Annual Global Meeting	George Kamau	UNITED STATES, Virginia-ARL	1	$6,920
STTA for Supply Chain Management and Commodity Security	Mavere Tukai	KENYA, Nairobi	1	$6,860
Technical Activity Coordination: M&E	Tobey Busch	KENYA, Nairobi	1	$8,150
Technical Activity Coordination: Annual Global Meeting	Ndinda Kusu	UNITED STATES, Virginia-ARL	1	$6,920
Attendance at International Conference	TBD	TBD	3	$15,570
e-TB Manager MIS Technical Support	Srivastava Utkarsh	KENYA, Nairobi	1	$6,937
		TOTAL	**23**	**166,647**

C. ACTIVITY BUDGET MATRIX

No.	***Activity Name***	***Amount***
1	Technical Activity Coordination	$469,713
2	Technical support to peripheral health care facilities to be able to account for and manage their own commodities effectively	$1,930,551
3	Technical support to effective and efficient commodity management systems in the private sector (faith-based and commercial organizations)	$322,408
4	Technical support to MOMS/MOPHS to strengthen health systems for supply chain management and commodity security	$801,891
5	Technical support to the national level structures for procurement and Supply chain coordination	$331,593
6	Support to Improve Pharmaceutical services	$702,454
7	Strengthening medicine quality assurance and pharmacovigilance	$862,129
8	Strengthening pharmaceutical sub-sector governance	$748,141
9	Support to Pharmaceutical Information Acquisition and Management	$365,840
10	Technical support to laboratory supply chain	$971,376
11	Management & Operations	$1,150,659
	Total Programmed	***$8,656,755***